



**INDEX TO PLAINTIFF’S APPENDIX**

1. Exhibit 3 — Excerpts of Ella Norman’s Medical Records from Skyline Nursing  
Center.....1-127

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# EXHIBIT 1



5. Exhibit 1 is a true and correct copy of excerpts from Ms. Norman's Skyline Nursing Center's medical records produced by Plaintiffs during this suit.
6. Exhibit 2 is a true and correct copy of Skyline Nursing Center's COVID-19 policies that were produced to Plaintiff Calvin Norman during discovery in this suit.

My name is Laura Cook, my birthday is February 11, 1997, and my address is C/O Smith Clinesmith, 325 N. St. Paul Street Suite 2900, Dallas, Texas 75201. I hereby swear under penalty of perjury that the foregoing is true and correct.

Executed this day, October 5, 2023, in Dallas County, Texas.

/s/ Laura E. Cook

Laura E. Cook, Declarant.

**AFFIDAVIT CONCERNING  
AUTHENTICITY OF MEDICAL RECORDS**

STATE OF TEXAS

COUNTY OF Dallas

§  
§  
§

BEFORE ME, the undersigned authority, on this day personally appeared Cheryl Jackson (NAME OF AFFIANT), who, by me being duly sworn, deposed as follows:

My name is Cheryl Jackson (NAME OF AFFIANT). I am over 18 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts stated below:

I am the custodian of records for Skyline Nursing Center (NAME OF HEALTH CARE PROVIDER).

Attached hereto is a true and correct copy of 1784 pages of the records describing or setting out the medical services rendered to Norman, Ella (NAME OF PATIENT) from 01/01/18 (DATE OF INITIAL TREATMENT) to 3/27/20 (DATE OF LAST VISIT/SERVICE RENDERED).

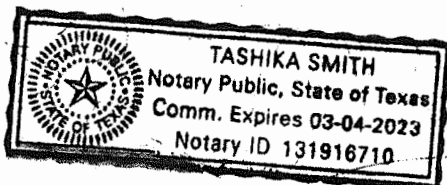
The attached records are kept by me in the regular course of business. The information contained in the records was transmitted to me in the regular course of business by Skyline Nursing Center (NAME OF HEALTH CARE PROVIDER) or an employee or a representative of Skyline Nursing Center (NAME OF HEALTH CARE PROVIDER) who had personal knowledge of the information. The records were made at or near the time or reasonably soon after the time that the service was provided. The records are the original or exact duplicate of the original.

The service provided was necessary and the amount charged for the service was reasonable at the time and place that the service was provided.

Cheryl Jackson  
AFFIANT

SUBSCRIBED AND SWORN TO before me on this 1<sup>st</sup> day of July, 2020.

My commission expires:  
03-04-2023



Tashika Smith  
Notary Public for the State of Texas



## ADMISSION RECORD

Skyline Nursing Center

6/17/2020 20:00:14 CT

## RESIDENT INFORMATION

Resident Name	Preferred Name	Unit	Room / Bed	Admission Date	Init. Adm. Date	Orig. Adm. Date	Resident #
Norman, Ella			-	02/07/2020	10/15/2015	10/15/2015	32397
Previous address			Previous Phone #	Legal Mailing address			
1470 Cherry St, Denver, CO, 80220				Same as Previous Address			
Sex	Birthdate	Age	Marital Status	Religion	Race	Occupation(s)	Primary Lang.
F	06/19/1936	83	Widowed		Black or African American	Retired	English
Admitted From		Admission Location		Birth Place		Citizenship	Maiden Name
Acute care hospital		Methodist Hospital of Dallas*				U.S.	
Medicare (HIC) #		Medicare Beneficiary ID		Medicaid #		Social Security #	
460600335M		4E06KK3UU83		227915301		460-60-0335	
HMO/Managed Care/Ins Name:		Medical Record #		HMO/Managed Care/Ins Policy #:		Supplemental Ins Name	
UHC				943262919			
Supplemental Ins Policy #		Part D Name:		Part D Policy #			

## PAYER INFORMATION

Primary Payer	Medicaid MCO Superior	Medicaid #	227915301	Group #	null	Ins. Company	Superior Health Plans
Second Payer	Applied Income						
Third Payer	Goal Directed Therapy-Medicaid	Medicaid #	227915301				
Fourth Payer	Medicaid Co B	Medicaid #	227915301				

## OTHER INFORMATION

Most Recent Hospital Stay	Allergies		
	Lisinopril, ACE Inhibitors		
Birthplace	Medicare Coverage		
	Part A & B		

## CARE PROVIDERS

Provider	Phone	Address	UPIN	NPI
Attending Physician (Primary Physician) Bhusari, Vaishali	Office: 940-782-642 Cell: (214) 755-5587 Other: (940) 228-3934 Fax: (469) 252-7284	4555 Lorraine Ave Dallas, TX 75205		1578724811
Podiatrist Baxter, Marcus	Office: (888) 964-6681 Fax: (617) 467-2275	888 Worcester St Wellesley, MA 02482		1851773485
Physician Assistant Nguyen, Thanh	Office: (469) 855-0511 Cell: (469) 855-0511 Fax: (210) 615-3472	7272 Wurzbach Road Ste 601 San Antonio, TX 78240		1104105485
Nurse Practitioner Maphosa, Danisile	Cell: (214) 715-0789	2323 Comanche Trail Grand Prairie, TX 75052		1982171534
Nurse Practitioner Toon, Jorjanna Supervising MD: James Race with Optum	Office: (469) 585-0783 Cell: (469) 585-0783 Fax: (186) 6334-9331	1301 W. President George Bush Hwy Richardson, TX 75080		1598941403
Psychologist Torres, Eliza	Office: (210) 615-3472 Cell: (956) 793-4389 Fax: (210) 593-9863	7272 Wurzbach Rd Suite 601 San Antonio, TX 78240		1447501655

## PHARMACY

Pharmacy	Phone/Fax	Address
Pharmscript of Texas North (Primary) Primary Contact: Michael Gerdes	Phone: (903) 535-7200 Fax: (844) 508-3367	1041 NNE Loop 323 Tyler, TX, 75708

## EXTERNAL FACILITIES

Facility Name	Phone	Facility Type
Methodist Hospital of Dallas*	Phone: (214) 947-8181	Hospital
Deer Oaks	Phone: (817) 348-8351	In-House Specialty Providers

## CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Norman, Calvin	Responsible Party AR Representative 1 Customer Satisfaction Survey Recipient Emergency Contact # 1	Son	786 Jackwood Dr Dallas, TX, 75232	Cell: (469) 569-8965

### CONTACTS

Name	Contact Type	Relationship	Address	Phone/Email
Norman, Cynthia	Emergency Contact # 2	Daughter in law		Cell:(214) 437-2992
Trujillo, Lorraine	Emergency Contact # 3	Niece	1470 Cherry St Denver, CO, 80220	Cell:(720) 329-8965 Home:(303) 329-9097
Mr. norman, calvin				Home:(469) 569-8965

### DIAGNOSIS INFORMATION

Code	Description	Onset Date	Rank	Classification
Z47.1	AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY	02/07/2020	Primary	Admitting Dx
Z96.651	PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT	02/07/2020	Secondary	
M62.59	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES	02/04/2020	Secondary	During Stay
R13.12	DYSPHAGIA, OROPHARYNGEAL PHASE	02/04/2020	Secondary	During Stay
R26.2	DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED	02/04/2020	Secondary	During Stay
M25.561	PAIN IN RIGHT KNEE	09/20/2018	Secondary	During Stay
R26.81	UNSTEADINESS ON FEET	09/20/2018	Secondary	During Stay
R27.9	UNSPECIFIED LACK OF COORDINATION	09/20/2018	Secondary	During Stay
R27.8	OTHER LACK OF COORDINATION	09/19/2018	Secondary	
M62.81	MUSCLE WEAKNESS (GENERALIZED)	09/19/2018	Secondary	Admission
M62.50	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE	09/19/2018	Secondary	During Stay
R26.89	OTHER ABNORMALITIES OF GAIT AND MOBILITY	03/11/2018	Secondary	During Stay
F25.8	OTHER SCHIZOAFFECTIVE DISORDERS	05/27/2016	Secondary	Admitting Dx
F03.90	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE	10/15/2015	Secondary	
G30.9	ALZHEIMER'S DISEASE, UNSPECIFIED	10/15/2015	Secondary	
J45.909	UNSPECIFIED ASTHMA, UNCOMPLICATED	10/15/2015	Secondary	
F33.9	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	10/15/2015	Secondary	Admitting Dx
I10	ESSENTIAL (PRIMARY) HYPERTENSION	10/15/2015	Secondary	Admitting Dx
M81.6	LOCALIZED OSTEOPOROSIS [LEQUESNE]	10/15/2015	Secondary	Admitting Dx
N18.3	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)	10/15/2015	Secondary	Admitting Dx
R00.1	BRADYCARDIA, UNSPECIFIED	10/15/2015	Secondary	Admitting Dx
R25.1	TREMOR, UNSPECIFIED	10/15/2015	Secondary	Admitting Dx

### ADVANCE DIRECTIVE

DNR

### MISCELLANEOUS INFORMATION

Date of Discharge	Time	Length of Stay	Discharged to (Mortician Name and Licence No.)
03/27/2020	2157	49	Acute care hospital: Methodist Hospital of Dallas*
Signature			Date
Personal Effects Sent With		Relationship	Date



**TRANSFER / DISCHARGE REPORT**

17 Jun, 2020

Skyline Nursing Center  
 3326 Burgoyne Street  
 Dallas TX 75233-1304 United States  
 (214) 330-9291

**RESIDENT INFORMATION**

<b>Resident Name</b>			<b>Unit</b>	<b>Room/Bed</b>	<b>Admission Date</b>	<b>Resident No.</b>
Norman, Ella					02/07/2020	32397
<b>Sex</b>	<b>Birthdate</b>	<b>Age</b>	<b>Marital Status</b>	<b>Religion</b>	<b>Primary Language</b>	<b>Secondary Language</b>
F	06/19/1936	83	Widowed		English	English
<b>Medicare (HIC) #</b>			<b>Medicare Beneficiary ID</b>		<b>Medicaid #</b>	<b>Social Security #</b>
460600335M			4E06KK3UU83		227915301	460-60-0335
<b>HMO/Managed Care/Ins Name:</b>			<b>Medical Record #</b>		<b>HMO/Managed Care/Ins Policy #:</b>	<b>Supplemental Ins Name</b>
UHC					943262919	
<b>Supplemental Ins Policy #</b>			<b>Part D Name:</b>		<b>Part D Policy #</b>	

**OTHER INFORMATION**

<b>Allergies</b>					
Lisinopril, ACE Inhibitors					
<b>Advance Directive</b>		<b>Copy Advance Directive/Living Will Enclosed</b>		<b>Diet Type</b>	<b>Diet Texture</b>
DNR		YES NO		Regular	Mechanical Soft
					Thin

**PRIMARY CONTACT**

<b>Name</b>	<b>Notified</b>	<b>Relationship</b>	<b>Address</b>	<b>Phone</b>
Norman, Calvin	YES NO	Son	786 Jackwood Dr Dallas, TX 75232	Cell: (469) 569-8965

**PRIMARY PHYSICIAN**

<b>Physician</b>	<b>Phone</b>	<b>Address</b>
Bhusari, Vaishali	Office: 940-782-642	4555 Lorraine Ave Dallas, TX 75205

**DIAGNOSES**

AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY (Z47.1)	ALZHEIMER'S DISEASE, UNSPECIFIED (G30.9)
BRADYCARDIA, UNSPECIFIED (R00.1)	CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE) (N18.3)
DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED (R26.2)	DYSPHAGIA, OROPHARYNGEAL PHASE (R13.12)
ESSENTIAL (PRIMARY) HYPERTENSION (I10)	LOCALIZED OSTEOPOROSIS [LEQUESNE] (M81.6)
MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED (F33.9)	MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES (M62.59)
MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE (M62.50)	MUSCLE WEAKNESS (GENERALIZED) (M62.81)
OTHER ABNORMALITIES OF GAIT AND MOBILITY (R26.89)	OTHER LACK OF COORDINATION (R27.8)
OTHER SCHIZOAFFECTIVE DISORDERS (F25.8)	PAIN IN RIGHT KNEE (M25.561)
PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT (Z96.651)	TREMOR, UNSPECIFIED (R25.1)
UNSPECIFIED ASTHMA, UNCOMPLICATED (J45.909)	UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE (F03.90)
UNSPECIFIED LACK OF COORDINATION (R27.9)	UNSTEADINESS ON FEET (R26.81)

**LAST VITAL SIGNS**

<b>Blood Pressure</b>	<b>Pulse</b>	<b>Temperature</b>	<b>Respirations</b>	<b>Date of last Tetanus Shot</b>
104/70 Date: 03/27/2020	70 Date: 03/24/2020	98.1 Date: 12/11/2019	22 Date: 12/11/2019	

**CHIEF COMPLAINT(reason for transfer)**

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**TRANSFER / DISCHARGE REPORT**

17 Jun, 2020

Skyline Nursing Center  
 3326 Burgoyne Street  
 Dallas TX 75233-1304 United States  
 (214) 330-9291

**RESIDENT INFORMATION**

Resident Name	Unit	Room/Bed	Admission Date	Resident No.
Norman, Ella			02/07/2020	32397

**RELEVANT INFORMATION**

Behavior(s)	Ambulation	Bladder	Bowel	Feeding

Usual Level of Functioning

**MISCELLANEOUS INFORMATION**

Date of Transfer/Discharge	Time	Transfer/Discharged to
03/27/2020	21:57	Acute care hospital: Methodist Hospital of Dallas*

Signature	Date	Time

Personal Effects Sent With	Relationship	Date	Time



## Skyline Nursing Center

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

## Administration Record Report

MR#: 32397

Date Range: 3/1/2020 to 3/31/2020

Diet	Regular diet Mechanical Soft texture, Thin consistency																																
Advance Directive		DNR																															
Schedule for Mar 2020	Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Fluticasone Propionate Suspension 50 MCG/ACT 2 spray In both nostrils one time a day for nasal congestion. -Order Date- 02/07/2020 2223	0800	√ w	√ edav		√ edav	√ gift	√ gift	√ w	√ w	√ edav	√ edav	√ edav	√ edav	√ edav	√ lsb	√ KMS K	√ gift	√ nola	√ kqm	√ kqm	√ KMS K	√ KMS K	√ lsb	√ KMS K	√ ja	√ CCS K	√ ja	√ BAF W	√ 6 KMS K				
Symbicort Aerosol 160-4.5 MCG/ACT (Budesonide-Formoterol Fumarate) 2 puff inhale orally two times a day for COPD. -Order Date- 02/07/2020 2223	0800	√ w	√ edav		√ edav	√ gift	√ gift	√ w	√ w	√ edav	√ edav	√ edav	√ edav	√ lsb	√ KMS K	√ gift	√ nola	√ kqm	√ kqm	√ KMS K	√ KMS K	√ lsb	√ KMS K	√ ja	√ CCS K	√ ja	√ BAF W	√ 6 KMS K					
	1700	√ w	√ fs	√ fs	√ fs	√ fs	√ fs	√ w	√ w	√ fs	√ fs	√ mlew	√ fs	√ fs	√ algi	√ ld20	√ mlew	√ mlew	√ mlew	√ mlew	√ mlew	√ KMS K	√ KMS K	√ mlew	√ mlew	√ mlew	√ mlew	√ mlew	√ 6 KMS K				
House Shake with meals for nutrition support -Order Date- 02/17/2020 1547	0800	√ aach	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ aach	√ aach	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ lsb	√ KMS K	√ gift	√ nola	√ kqm	√ kqm	√ KMS K	√ KMS K	√ lsb	√ KMS K	√ ja	√ CCS K	√ ja	√ BAF W	√ 6 KMS K				
	1200	√ aach	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ aach	√ aach	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ BNS K	√ lsb	√ KMS K	√ gift	√ nola	√ kqm	√ kqm	√ KMS K	√ KMS K	√ lsb	√ KMS K	√ ja	√ algi	√ ja	√ BAF W	√ 6 KMS K				
	1700	√ aach	√ KMS K	√ gift	√ cf	√ cf	√ cf	√ aach	√ aach	√ edav	√ CCS K	√ CCS K	√ CCS K	√ CCS K	√ algi	√ ld20	√ mlew	√ mlew	√ mlew	√ mlew	√ mlew	√ KMS K	√ KMS K	√ mlew	√ mlew	√ mlew	√ mlew	√ mlew	√ 6 KMS K				

Staff Administration Legend: Mar 2020			
Initials	Long Username	Username	Designation
aach	Aaron Childress	achildress	LVN
algi	Alemeda Gilder	agilder	LVN



Chart Codes / Follow Up Codes		Init	Name	Signature	Init	Name	Signature		Name	Signature
— Follow Up Codes — 1=Administered 2=Drug Refused 3=Effective 4=Unknown 5=On Hold By Physician — Chart Codes — (Refer to the last page of the report for a complete list of chart codes) OBA=Group Observed - All OBI=Observed Individual		OBP=Group Observed - Partial 1=Away from facility with meds 2=Drug Refused 3=Away from facility 4=Vitals Outside of Parameters 5=Hold/See Nurse Notes 6=Hospitalized 7=Sleeping							Checked By 1st	
								Checked By 2nd		
								Checked By 3rd		
NURSE ADMINISTRATION RECORD *				03/01/2020 - 03/31/2020		Resident		NORMAN, ELLA (32397)		
Admit Date		02/07/2020		DOB		06/19/1936		Unit		800 Hall
								Room		804
								Location		B

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Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
07/22/2018 10:24	126/72 mmHg (Lying r/arm)
06/09/2018 08:23	121/77 mmHg
05/20/2018 08:38	129/80 mmHg
03/25/2018 12:58	132/75 mmHg (Sitting r/arm)
03/22/2018 11:02	161/99 mmHg (Sitting l/arm)
03/21/2018 10:55	173/93 mmHg
03/20/2018 08:29	160/96 mmHg (Sitting r/arm)
03/19/2018 08:34	141/93 mmHg (Sitting r/arm)
03/18/2018 08:30	158/72 mmHg
03/17/2018 08:30	132/71 mmHg (Sitting r/arm)
03/16/2018 08:31	126/80 mmHg (Sitting r/arm)
03/15/2018 08:33	154/87 mmHg (Sitting r/arm)
03/14/2018 14:29	138/74 mmHg (Sitting r/arm)
03/14/2018 08:31	127/73 mmHg (Sitting r/arm)
02/19/2018 14:34	136/86 mmHg (Sitting r/arm)
02/14/2018 09:04	122/60 mmHg (Sitting r/arm)

Blood Sugar Summary Baseline: N/A

09/11/2019 20:30 128 mg/dL

O2 sats Summary Baseline: N/A

11/25/2019 19:45	95 % (Room Air)
11/23/2019 09:34	96 % (Room Air)
11/22/2019 18:27	93 % (Room Air)
11/22/2019 12:15	94 % (Room Air)
11/22/2019 12:00	93 % (Room Air)
11/22/2019 08:15	94 % (Room Air)
11/22/2019 08:00	92 % (Room Air)
11/21/2019 08:15	94 % (Room Air)
11/21/2019 08:00	92 % (Room Air)
11/20/2019 21:28	100 % (Room Air)
11/20/2019 17:21	100 % (Room Air)
11/20/2019 17:20	100 % (Room Air)
11/20/2019 08:15	93 % (Room Air)
11/20/2019 08:00	93 % (Room Air)
11/19/2019 21:20	100 % (Room Air)
11/19/2019 21:19	100 % (Room Air)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
11/19/2019 17:28	100 % (Room Air)
11/19/2019 17:27	100 % (Room Air)
11/19/2019 12:16	95 % (Room Air)
11/19/2019 12:01	93 % (Oxygen via Nasal Cannula)
11/19/2019 08:15	93 % (Room Air)
11/19/2019 08:00	92 % (Room Air)
11/18/2019 12:15	95 % (Room Air)
11/18/2019 12:00	93 % (Oxygen via Nasal Cannula)
11/18/2019 08:15	94 % (Oxygen via Nasal Cannula)
11/18/2019 08:00	94 % (Room Air)
11/16/2019 12:47	97 % (Room Air)
11/15/2019 07:45	94 % (Room Air)
11/15/2019 07:30	93 % (Oxygen via Nasal Cannula)
11/14/2019 17:34	93 % (Room Air)
11/13/2019 12:15	94 % (Room Air)
11/13/2019 12:00	92 % (Room Air)
11/13/2019 08:15	94 % (Room Air)
11/13/2019 08:00	92 % (Room Air)
11/12/2019 08:15	94 % (Oxygen via Nasal Cannula)
11/12/2019 08:00	94 % (Room Air)
11/11/2019 18:06	95 % (Room Air)
11/11/2019 12:26	94 % (Room Air)
11/11/2019 12:00	95 % (Room Air)
11/11/2019 08:15	94 % (Room Air)
11/11/2019 08:00	94 % (Room Air)
11/10/2019 10:02	97 % (Room Air)
11/08/2019 09:08	95 % (Room Air)
11/07/2019 20:14	93 % (Room Air)
11/07/2019 20:13	92 % (Room Air)
11/06/2019 12:15	94 % (Room Air)
11/06/2019 12:00	92 % (Room Air)
11/06/2019 08:15	95 % (Room Air)
11/06/2019 08:00	93 % (Oxygen via Nasal Cannula)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

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Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

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<u>Date</u>	<u>Value</u>
11/05/2019 20:57	98 % (Room Air)
11/05/2019 16:23	97 % (Room Air)
11/05/2019 16:22	97 % (Room Air)
11/05/2019 08:15	94 % (Room Air)
11/05/2019 08:00	93 % (Room Air)
11/04/2019 21:23	93 % (Room Air)
11/04/2019 15:53	92 % (Room Air)
11/04/2019 15:47	90 % (Room Air)
11/04/2019 12:15	94 % (Room Air)
11/04/2019 12:00	93 % (Room Air)
11/04/2019 08:15	94 % (Room Air)
11/04/2019 08:00	93 % (Room Air)
11/03/2019 22:47	97 % (Room Air)
11/03/2019 22:46	98 % (Room Air)
11/03/2019 22:46	97 % (Room Air)
11/03/2019 16:45	97 % (Room Air)
11/03/2019 12:15	94 % (Room Air)
11/03/2019 12:00	92 % (Oxygen via Nasal Cannula)
11/03/2019 08:15	94 % (Room Air)
11/03/2019 08:00	92 % (Room Air)
11/01/2019 22:03	93 % (Room Air)
11/01/2019 16:43	92 % (Room Air)
11/01/2019 16:43	90 % (Room Air)
11/01/2019 12:15	94 % (Room Air)
11/01/2019 12:00	93 % (Room Air)
11/01/2019 09:15	94 % (Room Air)
11/01/2019 09:09	93 % (Room Air)
10/31/2019 12:15	94 % (Room Air)
10/31/2019 12:00	93 % (Room Air)
10/31/2019 08:15	98 % (Room Air)
10/31/2019 08:00	92 % (Room Air)
10/30/2019 22:47	97 % (Room Air)
10/30/2019 22:47	94 % (Room Air)
10/30/2019 12:15	94 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
10/30/2019 12:00	93 % (Room Air)
10/30/2019 08:15	94 % (Room Air)
10/30/2019 08:00	93 % (Room Air)
10/29/2019 08:15	94 % (Room Air)
10/29/2019 08:00	92 % (Room Air)
10/28/2019 12:15	94 % (Room Air)
10/28/2019 12:00	94 % (Room Air)
10/28/2019 08:15	94 % (Room Air)
10/28/2019 08:00	92 % (Room Air)
10/27/2019 13:40	96 % (Oxygen via Nasal Cannula)
10/25/2019 12:15	94 % (Room Air)
10/25/2019 12:00	94 % (Room Air)
10/25/2019 08:30	94 % (Room Air)
10/25/2019 08:00	92 % (Room Air)
10/23/2019 12:15	93 % (Room Air)
10/23/2019 12:00	93 % (Room Air)
10/23/2019 08:16	93 % (Room Air)
10/23/2019 08:00	95 % (Room Air)
10/21/2019 21:22	97 % (Room Air)
10/21/2019 17:12	95 % (Room Air)
10/21/2019 12:15	93 % (Room Air)
10/21/2019 12:00	92 % (Oxygen via Nasal Cannula)
10/21/2019 08:15	92 % (Oxygen via Nasal Cannula)
10/21/2019 08:00	92 % (Room Air)
10/20/2019 07:25	96 % (Room Air)
10/19/2019 10:18	97 % (Room Air)
10/18/2019 20:33	97 % (Room Air)
10/18/2019 16:38	98 % (Room Air)
10/18/2019 12:15	94 % (Room Air)
10/18/2019 12:00	93 % (Room Air)
10/18/2019 08:15	94 % (Room Air)
10/18/2019 08:00	92 % (Room Air)
10/17/2019 20:15	93 % (Room Air)
10/17/2019 20:00	93 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
10/17/2019 16:15	93 % (Room Air)
10/17/2019 16:00	92 % (Room Air)
10/17/2019 11:08	93 % (Room Air)
10/17/2019 08:00	92 % (Room Air)
10/16/2019 20:15	93 % (Room Air)
10/16/2019 20:00	93 % (Oxygen via Nasal Cannula)
10/16/2019 16:15	93 % (Room Air)
10/16/2019 16:00	92 % (Room Air)
10/16/2019 12:15	94 % (Room Air)
10/16/2019 12:00	92 % (Room Air)
10/16/2019 08:15	93 % (Room Air)
10/16/2019 08:00	92 % (Room Air)
10/15/2019 12:15	93 % (Room Air)
10/15/2019 12:00	93 % (Room Air)
10/15/2019 08:15	93 % (Room Air)
10/15/2019 08:00	92 % (Room Air)
10/14/2019 19:46	97 % (Room Air)
10/14/2019 17:06	96 % (Room Air)
10/14/2019 12:15	93 % (Room Air)
10/14/2019 12:00	94 % (Room Air)
10/14/2019 08:15	93 % (Room Air)
10/14/2019 08:00	95 % (Room Air)
10/13/2019 08:56	98 % (Room Air)
10/12/2019 08:08	97 % (Room Air)
10/11/2019 12:15	93 % (Room Air)
10/11/2019 12:00	97 % (Room Air)
10/11/2019 11:16	93 % (Room Air)
10/11/2019 11:14	92 % (Oxygen via Nasal Cannula)
10/10/2019 22:25	98 % (Room Air)
10/09/2019 12:15	93 % (Room Air)
10/09/2019 12:00	92 % (Room Air)
10/09/2019 10:07	78 % (Room Air)
10/09/2019 08:15	93 % (Room Air)
10/08/2019 21:32	93 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
10/08/2019 12:25	93 % (Room Air)
10/08/2019 12:15	93 % (Room Air)
10/08/2019 12:00	93 % (Room Air)
10/08/2019 08:00	92 % (Room Air)
10/07/2019 19:49	98 % (Room Air)
10/07/2019 12:16	93 % (Oxygen via Nasal Cannula)
10/07/2019 12:00	92 % (Room Air)
10/07/2019 08:17	93 % (Oxygen via Nasal Cannula)
10/07/2019 08:00	92 % (Oxygen via Nasal Cannula)
10/06/2019 09:51	96 % (Room Air)
10/04/2019 12:15	93 % (Room Air)
10/04/2019 12:00	92 % (Room Air)
10/04/2019 08:15	93 % (Room Air)
10/04/2019 08:00	92 % (Room Air)
10/03/2019 20:41	96 % (Room Air)
10/03/2019 20:40	96 % (Room Air)
10/03/2019 08:15	93 % (Room Air)
10/03/2019 08:00	92 % (Room Air)
10/02/2019 20:15	93 % (Room Air)
10/02/2019 20:00	93 % (Room Air)
10/02/2019 16:15	93 % (Room Air)
10/02/2019 16:00	92 % (Room Air)
10/01/2019 20:18	96 % (Room Air)
10/01/2019 12:16	93 % (Room Air)
10/01/2019 12:00	92 % (Room Air)
10/01/2019 08:15	93 % (Room Air)
10/01/2019 08:00	93 % (Room Air)
09/30/2019 10:02	95 % (Room Air)
09/29/2019 08:31	98 % (Oxygen via Nasal Cannula)
09/28/2019 20:53	97 % (Oxygen via Nasal Cannula)
09/26/2019 12:15	93 % (Room Air)
09/26/2019 12:00	98 % (Room Air)
09/26/2019 08:15	93 % (Room Air)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/26/2019 08:00	92 % (Room Air)
09/25/2019 20:15	94 % (Room Air)
09/25/2019 20:00	94 % (Room Air)
09/25/2019 16:16	93 % (Room Air)
09/25/2019 16:00	92 % (Room Air)
09/25/2019 12:15	93 % (Room Air)
09/25/2019 12:00	93 % (Room Air)
09/25/2019 08:16	94 % (Room Air)
09/25/2019 08:05	92 % (Room Air)
09/24/2019 19:25	96 % (Room Air)
09/24/2019 16:19	95 % (Room Air)
09/24/2019 12:16	93 % (Room Air)
09/24/2019 12:00	93 % (Room Air)
09/24/2019 08:15	93 % (Room Air)
09/24/2019 08:13	92 % (Room Air)
09/23/2019 12:20	93 % (Room Air)
09/23/2019 12:05	93 % (Room Air)
09/23/2019 11:15	93 % (Room Air)
09/23/2019 08:00	92 % (Room Air)
09/21/2019 21:17	97 % (Room Air)
09/20/2019 16:15	94 % (Room Air)
09/20/2019 15:15	94 % (Room Air)
09/20/2019 15:00	92 % (Room Air)
09/20/2019 08:15	93 % (Room Air)
09/20/2019 08:00	92 % (Room Air)
09/19/2019 17:33	96 % (Room Air)
09/19/2019 12:15	93 % (Room Air)
09/19/2019 12:00	93 % (Room Air)
09/19/2019 08:15	93 % (Room Air)
09/19/2019 08:00	92 % (Room Air)
09/18/2019 12:15	93 % (Room Air)
09/18/2019 12:00	92 % (Room Air)
09/18/2019 08:15	93 % (Room Air)
09/18/2019 08:00	92 % (Room Air)

Only vitals with data are displayed



Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/17/2019 22:01	94 % (Room Air)
09/17/2019 21:59	94 % (Room Air)
09/17/2019 21:58	94 % (Room Air)
09/17/2019 21:55	94 % (Room Air)
09/17/2019 12:15	93 % (Room Air)
09/17/2019 08:15	93 % (Room Air)
09/17/2019 08:08	93 % (Room Air)
09/17/2019 08:00	92 % (Room Air)
09/16/2019 20:15	93 % (Room Air)
09/16/2019 20:00	91 % (Room Air)
09/16/2019 16:15	93 % (Oxygen via Nasal Cannula)
09/16/2019 16:00	92 % (Room Air)
09/15/2019 08:57	97 % (Room Air)
09/14/2019 08:00	96 % (Room Air)
09/13/2019 08:59	97 % (Room Air)
09/13/2019 08:58	97 % (Room Air)
09/13/2019 07:30	94 % (Room Air)
09/13/2019 07:28	97 % (Room Air)
09/13/2019 07:27	96 % (Room Air)
09/12/2019 20:29	96 % (Room Air)
09/12/2019 13:54	93 % (Room Air)
09/12/2019 09:39	93 % (Room Air)
09/12/2019 09:38	91 % (Room Air)
09/11/2019 20:30	99 % (Room Air)
09/11/2019 19:45	96 % (Room Air)
09/11/2019 19:41	95 % (Room Air)
09/11/2019 19:41	96 % (Room Air)
09/11/2019 14:14	95 % (Room Air)
09/11/2019 11:36	95 % (Room Air)
09/11/2019 11:35	94 % (Room Air)
09/10/2019 21:56	97 % (Room Air)
09/10/2019 17:27	96 % (Room Air)
09/10/2019 17:26	92 % (Room Air)
09/10/2019 11:42	98 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/10/2019 08:19	100 % (Room Air)
09/10/2019 08:17	99 % (Room Air)
09/08/2019 15:43	97 % (Room Air)
09/08/2019 07:20	97 % (Room Air)
09/07/2019 20:21	97 % (Room Air)
09/07/2019 20:15	98 % (Room Air)
09/07/2019 12:08	97 % (Room Air)
09/07/2019 09:15	98 % (Room Air)
09/06/2019 16:05	100 % (Room Air)
09/05/2019 21:13	98 % (Room Air)
09/05/2019 17:10	97 % (Room Air)
09/05/2019 17:08	96 % (Room Air)
09/05/2019 16:13	93 % (Room Air)
09/05/2019 12:00	92 % (Room Air)
09/05/2019 08:15	93 % (Room Air)
09/05/2019 08:00	92 % (Room Air)
09/04/2019 21:07	95 % (Room Air)
09/04/2019 16:25	94 % (Room Air)
09/04/2019 15:56	93 % (Room Air)
09/03/2019 12:15	93 % (Room Air)
09/03/2019 12:00	91 % (Room Air)
09/03/2019 08:15	93 % (Room Air)
09/03/2019 08:00	92 % (Room Air)
09/02/2019 21:05	93 % (Room Air)
09/02/2019 21:05	92 % (Room Air)
09/02/2019 16:15	93 % (Room Air)
09/02/2019 16:00	93 % (Room Air)
09/02/2019 08:18	93 % (Room Air)
09/02/2019 08:00	92 % (Room Air)
09/01/2019 13:44	93 % (Room Air)
09/01/2019 12:00	92 % (Room Air)
09/01/2019 10:20	96 % (Room Air)
09/01/2019 10:03	92 % (Room Air)
08/31/2019 08:59	96 % (Room Air)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
08/30/2019 09:02	93 % (Room Air)
08/30/2019 09:01	92 % (Room Air)
08/28/2019 20:46	94 % (Room Air)
08/28/2019 20:44	93 % (Room Air)
08/28/2019 19:04	92 % (Oxygen via Nasal Cannula)
08/28/2019 18:47	93 % (Room Air)
08/28/2019 16:00	92 % (Room Air)
08/28/2019 13:53	93 % (Oxygen via Nasal Cannula)
08/28/2019 13:52	92 % (Room Air)
08/28/2019 08:17	93 % (Room Air)
08/28/2019 08:04	92 % (Room Air)
08/27/2019 20:10	94 % (Room Air)
08/27/2019 18:59	96 % (Room Air)
08/27/2019 16:43	92 % (Room Air)
08/27/2019 11:38	93 % (Room Air)
08/27/2019 11:38	92 % (Room Air)
08/27/2019 11:37	93 % (Room Air)
08/27/2019 08:35	93 % (Room Air)
08/26/2019 21:58	98 % (Room Air)
08/26/2019 21:56	98 % (Room Air)
08/26/2019 21:47	98 % (Room Air)
08/26/2019 21:46	98 % (Room Air)
08/26/2019 21:44	98 % (Room Air)
08/26/2019 21:43	98 % (Room Air)
08/26/2019 09:58	96 % (Room Air)
08/24/2019 07:22	97 % (Room Air)
08/23/2019 07:19	97 % (Room Air)
08/22/2019 20:29	98 % (Room Air)
08/22/2019 20:26	98 % (Room Air)
08/22/2019 17:15	97 % (Room Air)
08/22/2019 17:14	96 % (Room Air)
08/22/2019 17:14	97 % (Room Air)
08/22/2019 14:19	95 % (Room Air)
08/22/2019 10:56	95 % (Room Air)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

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Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

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<u>Date</u>	<u>Value</u>
08/22/2019 10:55	86 % (Room Air)
08/22/2019 10:54	90 % (Room Air)
08/21/2019 19:53	98 % (Oxygen via Mask)
08/21/2019 19:52	96 % (Room Air)
08/21/2019 19:50	98 % (Room Air)
08/21/2019 17:27	98 % (Room Air)
08/21/2019 17:26	98 % (Room Air)
08/21/2019 17:25	98 % (Room Air)
08/21/2019 16:24	93 % (Room Air)
08/21/2019 16:23	93 % (Room Air)
08/21/2019 07:22	92 % (Room Air)
08/20/2019 22:22	94 % (Room Air)
08/20/2019 13:39	93 % (Room Air)
08/20/2019 13:38	92 % (Room Air)
08/19/2019 17:29	95 % (Room Air)
08/16/2019 21:26	95 % (Room Air)
08/16/2019 16:42	96 % (Room Air)
08/16/2019 15:22	92 % (Room Air)
08/16/2019 07:45	92 % (Room Air)
08/15/2019 21:59	98 % (Room Air)
08/15/2019 21:58	98 % (Room Air)
08/15/2019 11:42	100 % (Room Air)
08/15/2019 01:48	94 % (Room Air)
08/15/2019 01:47	93 % (Room Air)
08/14/2019 11:44	92 % (Room Air)
08/14/2019 11:43	93 % (Room Air)
08/14/2019 00:47	96 % (Room Air)
08/13/2019 07:35	96 % (Room Air)
08/13/2019 00:33	94 % (Room Air)
08/13/2019 00:33	93 % (Room Air)
08/12/2019 13:28	92 % (Room Air)
08/12/2019 11:01	92 % (Room Air)
08/11/2019 18:05	100 % (Oxygen via Nasal Cannula)
08/11/2019 11:28	96 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
08/11/2019 08:24	98 % (Room Air)
08/10/2019 19:57	99 % (Room Air)
08/10/2019 10:18	98 % (Room Air)
08/09/2019 13:39	92 % (Room Air)
08/09/2019 08:40	92 % (Room Air)
08/09/2019 02:29	95 % (Room Air)
08/09/2019 02:28	95 % (Room Air)
08/08/2019 14:12	95 % (Room Air)
08/08/2019 14:11	95 % (Room Air)
08/07/2019 13:02	95 % (Room Air)
08/06/2019 15:10	96 % (Room Air)
08/06/2019 01:02	93 % (Room Air)
08/06/2019 01:01	93 % (Room Air)
08/05/2019 14:34	93 % (Room Air)
08/05/2019 14:33	92 % (Room Air)
08/04/2019 07:55	97 % (Room Air)
08/03/2019 16:01	97 % (Room Air)
08/03/2019 12:20	98 % (Room Air)
08/02/2019 18:46	95 % (High Flow Oxygen)
08/01/2019 07:36	96 % (Room Air)
07/31/2019 20:20	94 % (Room Air)
07/31/2019 20:19	94 % (Room Air)
07/31/2019 13:57	92 % (Room Air)
07/31/2019 08:57	92 % (Room Air)
07/30/2019 22:43	94 % (Room Air)
07/30/2019 17:03	93 % (Room Air)
07/30/2019 11:13	92 % (Room Air)
07/30/2019 09:25	92 % (Room Air)
07/29/2019 21:51	93 % (Room Air)
07/29/2019 18:52	93 % (Room Air)
07/29/2019 11:10	92 % (Room Air)
07/29/2019 11:05	92 % (Oxygen via Nasal Cannula)
07/28/2019 16:17	97 % (Oxygen via Nasal Cannula)
07/27/2019 23:22	98 % (Oxygen via Nasal Cannula)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

---

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

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<u>Date</u>	<u>Value</u>
07/27/2019 16:21	98 % (Room Air)
07/26/2019 21:34	94 % (Room Air)
07/26/2019 17:11	94 % (Room Air)
07/25/2019 19:05	94 % (Room Air)
07/25/2019 19:04	93 % (Room Air)
07/25/2019 09:39	92 % (Room Air)
07/24/2019 19:36	94 % (Room Air)
07/24/2019 19:33	94 % (Room Air)
07/23/2019 22:58	94 % (Room Air)
07/23/2019 22:58	93 % (Room Air)
07/23/2019 17:02	92 % (Room Air)
07/23/2019 08:42	93 % (Room Air)
07/22/2019 20:01	93 % (Room Air)
07/22/2019 17:28	94 % (Room Air)
07/22/2019 11:00	92 % (Room Air)
07/22/2019 09:08	92 % (Room Air)
07/21/2019 16:31	97 % (Room Air)
07/20/2019 11:47	97 % (Room Air)
07/19/2019 19:33	93 % (Room Air)
07/19/2019 16:45	94 % (Room Air)
07/19/2019 14:31	93 % (Room Air)
07/19/2019 14:30	92 % (Room Air)
07/18/2019 21:28	97 % (Room Air)
07/18/2019 21:25	97 % (Room Air)
07/17/2019 10:06	100 % (Oxygen via Nasal Cannula)
07/16/2019 22:41	94 % (Room Air)
07/16/2019 22:38	94 % (Room Air)
07/16/2019 11:48	92 % (Room Air)
07/16/2019 11:47	92 % (Room Air)
07/15/2019 22:23	94 % (Room Air)
07/15/2019 18:27	94 % (Room Air)
07/15/2019 11:20	93 % (Room Air)
07/15/2019 10:49	92 % (Room Air)
07/14/2019 11:43	96 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
07/13/2019 16:50	97 % (Oxygen via Nasal Cannula)
07/12/2019 21:41	94 % (Room Air)
07/12/2019 18:19	94 % (Room Air)
07/12/2019 07:50	95 % (Room Air)
07/11/2019 22:51	94 % (Room Air)
07/11/2019 18:38	93 % (Room Air)
07/11/2019 12:01	92 % (Room Air)
07/10/2019 21:39	93 % (Room Air)
07/10/2019 16:57	93 % (Room Air)
07/10/2019 11:07	92 % (Room Air)
07/10/2019 11:07	93 % (Room Air)
07/09/2019 23:56	93 % (Room Air)
07/09/2019 23:55	93 % (Room Air)
07/09/2019 14:02	92 % (Room Air)
07/08/2019 21:31	94 % (Room Air)
07/08/2019 17:18	94 % (Room Air)
07/08/2019 11:08	93 % (Room Air)
07/07/2019 19:06	98.1 % (Room Air)
07/07/2019 09:32	97.8 % (Room Air)
07/05/2019 17:29	93 % (Room Air)
07/05/2019 14:29	93 % (Room Air)
07/05/2019 14:27	100 % (Room Air)
07/04/2019 20:52	94 % (Room Air)
07/04/2019 20:50	94 % (Room Air)
07/04/2019 11:46	92 % (Room Air)
07/04/2019 02:25	98 % (Room Air)
07/03/2019 17:35	92 % (Room Air)
07/03/2019 11:57	92 % (Room Air)
07/02/2019 19:01	94 % (Room Air)
07/02/2019 18:59	93 % (Room Air)
07/02/2019 11:12	92 % (Room Air)
07/02/2019 11:12	93 % (Room Air)
07/01/2019 23:55	94 % (Room Air)
07/01/2019 17:27	94 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
07/01/2019 11:31	92 % (Room Air)
07/01/2019 10:58	92 % (Room Air)
06/29/2019 10:13	98 % (Room Air)
06/28/2019 22:14	95 % (Room Air)
06/28/2019 18:26	95 % (Room Air)
06/27/2019 23:10	94 % (Room Air)
06/27/2019 17:03	93 % (Room Air)
06/27/2019 16:19	92 % (Room Air)
06/27/2019 16:15	93 % (Room Air)
06/26/2019 20:09	94 % (Room Air)
06/26/2019 18:38	94 % (Room Air)
06/26/2019 18:13	92 % (Room Air)
06/26/2019 09:49	92 % (Room Air)
06/25/2019 19:45	94 % (Room Air)
06/25/2019 19:44	94 % (Room Air)
06/25/2019 09:33	92 % (Room Air)
06/24/2019 22:34	95 % (Room Air)
06/24/2019 16:41	94 % (Room Air)
06/24/2019 09:48	93 % (Room Air)
06/23/2019 20:52	98 % (Room Air)
06/23/2019 12:26	96 % (Room Air)
06/23/2019 08:25	98 % (Room Air)
06/22/2019 09:08	97 % (Room Air)
06/21/2019 18:08	93 % (Room Air)
06/21/2019 14:18	92 % (Room Air)
06/21/2019 02:41	94 % (Room Air)
06/21/2019 02:36	94 % (Room Air)
06/20/2019 10:30	92 % (Room Air)
06/19/2019 23:43	96 % (Room Air)
06/19/2019 17:54	95 % (Room Air)
06/19/2019 08:00	92 % (Room Air)
06/18/2019 16:36	95 % (Room Air)
06/18/2019 16:21	92 % (Room Air)
06/18/2019 12:21	92 % (Room Air)

Only vitals with data are displayed



Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
06/17/2019 22:33	97 % (Room Air)
06/16/2019 19:53	97.5 % (Room Air)
06/16/2019 15:37	99 % (Room Air)
06/15/2019 09:10	97 % (Room Air)
06/14/2019 17:17	94 % (Room Air)
06/14/2019 12:45	92 % (Room Air)
06/14/2019 12:44	92 % (Room Air)
06/13/2019 19:02	95 % (Room Air)
06/13/2019 17:53	95 % (Room Air)
06/12/2019 22:24	95 % (Room Air)
06/12/2019 22:23	94 % (Room Air)
06/11/2019 22:47	94 % (Room Air)
06/11/2019 11:03	92 % (Room Air)
06/11/2019 10:50	93 % (Room Air)
06/10/2019 22:38	94 % (Room Air)
06/10/2019 19:00	94 % (Room Air)
06/10/2019 11:46	92 % (Room Air)
06/10/2019 11:45	92 % (Room Air)
06/09/2019 21:05	98 % (Room Air)
06/09/2019 17:09	98 % (Oxygen via Nasal Cannula)
06/09/2019 11:22	97 % (Oxygen via Nasal Cannula)
06/09/2019 08:45	98 % (Oxygen via Nasal Cannula)
06/08/2019 11:53	98 % (Room Air)
06/08/2019 08:35	97 % (Room Air)
06/07/2019 23:39	98 % (Room Air)
06/07/2019 19:17	95 % (Room Air)
06/06/2019 21:04	95 % (Room Air)
06/06/2019 21:03	95 % (Room Air)
06/06/2019 12:06	92 % (Room Air)
06/06/2019 08:58	92 % (Room Air)
06/05/2019 12:00	93 % (Room Air)
06/05/2019 07:30	92 % (Room Air)
06/04/2019 16:21	92 % (Room Air)
06/04/2019 08:20	92 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
06/03/2019 11:25	93 % (Room Air)
06/03/2019 08:00	92 % (Room Air)
06/02/2019 17:13	98 % (Room Air)
06/02/2019 10:52	97 % (Room Air)
06/01/2019 19:33	97 % (Room Air)
06/01/2019 10:09	97 % (Room Air)
05/31/2019 20:46	93 % (Room Air)
05/31/2019 16:00	92 % (Room Air)
05/31/2019 11:50	92 % (Oxygen via Nasal Cannula)
05/31/2019 07:49	98 % (Room Air)
05/30/2019 11:42	92 % (Room Air)
05/30/2019 10:20	92 % (Room Air)
05/29/2019 12:00	93 % (Room Air)
05/29/2019 08:00	98 % (Room Air)
05/28/2019 12:00	92 % (Room Air)
05/28/2019 10:51	95 % (Room Air)
05/27/2019 09:46	92 % (Room Air)
05/26/2019 17:50	98 % (Room Air)
05/26/2019 08:52	97 % (Room Air)
05/26/2019 08:41	98 % (Room Air)
05/25/2019 11:17	97 % (Room Air)
05/24/2019 11:37	192 % (Room Air)
05/24/2019 08:36	93 % (Room Air)
05/23/2019 14:52	93 % (Room Air)
05/23/2019 14:52	92 % (Room Air)
05/22/2019 18:16	97 % (Room Air)
05/22/2019 12:13	97 % (Oxygen via Nasal Cannula)
05/22/2019 11:13	92 % (Room Air)
05/21/2019 14:15	92 % (Room Air)
05/21/2019 14:14	98 % (Oxygen via Nasal Cannula)
05/20/2019 20:11	99 % (Room Air)
05/20/2019 20:11	97 % (Room Air)
05/20/2019 14:54	92 % (Room Air)
05/20/2019 14:54	98 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
05/19/2019 19:55	97 % (Room Air)
05/19/2019 16:17	98 % (Room Air)
05/19/2019 09:55	97 % (Room Air)
05/18/2019 20:56	97 % (Room Air)
05/18/2019 16:04	98 % (Room Air)
05/18/2019 12:54	98 % (Room Air)
05/18/2019 08:06	97 % (Room Air)
05/17/2019 19:03	98 % (Room Air)
05/17/2019 12:03	98 % (Oxygen via Nasal Cannula)
05/16/2019 14:01	98 % (Room Air)
05/16/2019 09:49	92 % (Room Air)
05/15/2019 13:12	98 % (Room Air)
05/15/2019 10:07	98 % (Room Air)
05/14/2019 09:22	92 % (Room Air)
05/13/2019 14:37	92 % (Room Air)
05/13/2019 09:03	92 % (Room Air)
05/12/2019 11:15	97 % (Room Air)
05/10/2019 12:10	92 % (Room Air)
05/10/2019 10:42	97 % (Oxygen via Nasal Cannula)
05/09/2019 12:00	92 % (Room Air)
05/09/2019 08:39	92 % (Room Air)
05/08/2019 17:05	92 % (Room Air)
05/08/2019 12:05	93 % (Room Air)
05/07/2019 09:03	92 % (Oxygen via Nasal Cannula)
05/07/2019 08:02	97 % (Room Air)
05/06/2019 22:38	99 % (Room Air)
05/06/2019 22:37	97 % (Room Air)
05/05/2019 20:54	97 % (Room Air)
05/05/2019 20:53	98 % (Room Air)
05/05/2019 09:59	97 % (Room Air)
05/04/2019 18:43	96 % (Room Air)
05/04/2019 11:13	98 % (Room Air)
05/04/2019 11:10	97 % (Room Air)
05/03/2019 23:09	99 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
05/03/2019 23:06	97 % (Room Air)
05/02/2019 12:21	92 % (Oxygen via Nasal Cannula)
05/02/2019 07:20	93 % (Room Air)
05/01/2019 22:52	98 % (Room Air)
05/01/2019 22:51	96 % (Room Air)
05/01/2019 12:25	92 % (Room Air)
05/01/2019 08:24	93 % (Room Air)
04/30/2019 21:02	99 % (Room Air)
04/30/2019 21:01	97 % (Room Air)
04/30/2019 14:41	93 % (Room Air)
04/30/2019 14:41	97 % (Room Air)
04/30/2019 09:04	97 % (Room Air)
04/30/2019 08:59	97 % (Room Air)
04/29/2019 20:05	99 % (Room Air)
04/29/2019 20:05	97 % (Room Air)
04/28/2019 19:33	97 % (Room Air)
04/27/2019 18:59	96 % (Room Air)
04/25/2019 19:38	98 % (Room Air)
04/25/2019 19:37	96 % (Room Air)
04/25/2019 12:41	93 % (Room Air)
04/25/2019 08:43	98 % (Room Air)
04/24/2019 14:58	98 % (Oxygen via Nasal Cannula)
04/24/2019 14:58	98 % (Room Air)
04/24/2019 08:44	97 % (Room Air)
04/23/2019 22:54	99 % (Room Air)
04/23/2019 22:53	97 % (Room Air)
04/22/2019 15:50	98 % (Oxygen via Nasal Cannula)
04/22/2019 15:49	93 % (Oxygen via Nasal Cannula)
04/21/2019 16:08	98 % (Room Air)
04/21/2019 12:24	80 % (Room Air)
04/20/2019 20:38	96 % (Room Air)
04/20/2019 15:37	98 % (Room Air)
04/20/2019 12:58	96 % (Room Air)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/20/2019 09:18	97 % (Room Air)
04/19/2019 21:53	98 % (Room Air)
04/19/2019 21:52	96 % (Room Air)
04/18/2019 21:03	94 % (Room Air)
04/18/2019 20:57	97 % (Room Air)
04/18/2019 19:00	97 % (Room Air)
04/17/2019 21:41	97 % (Room Air)
04/17/2019 21:40	94 % (Room Air)
04/17/2019 16:16	92 % (Room Air)
04/17/2019 16:15	97 % (Room Air)
04/17/2019 00:20	98 % (Room Air)
04/17/2019 00:19	97 % (Room Air)
04/16/2019 16:43	95 % (Room Air)
04/16/2019 16:41	92 % (Room Air)
04/15/2019 22:56	99 % (Room Air)
04/15/2019 22:54	97 % (Room Air)
04/15/2019 13:42	96 % (Room Air)
04/15/2019 10:25	93 % (Room Air)
04/14/2019 20:31	97 % (Room Air)
04/14/2019 16:29	96 % (Room Air)
04/14/2019 12:29	96 % (Room Air)
04/13/2019 19:12	98 % (Room Air)
04/13/2019 19:11	97.8 % (Room Air)
04/13/2019 12:13	97 % (Room Air)
04/12/2019 21:17	94 % (Room Air)
04/12/2019 20:22	94 % (Room Air)
04/12/2019 20:22	93 % (Room Air)
04/12/2019 17:46	95 % (Room Air)
04/11/2019 23:14	99 % (Room Air)
04/11/2019 23:13	97 % (Room Air)
04/11/2019 15:40	93 % (Room Air)
04/11/2019 15:39	92 % (Room Air)
04/10/2019 22:00	99 % (Room Air)
04/10/2019 21:59	97 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/10/2019 13:07	97 % (Room Air)
04/10/2019 13:06	97 % (Room Air)
04/09/2019 21:55	99 % (Room Air)
04/09/2019 21:54	97 % (Room Air)
04/09/2019 15:52	93 % (Room Air)
04/09/2019 15:51	97 % (Room Air)
04/08/2019 21:58	97 % (Room Air)
04/08/2019 21:56	95 % (Room Air)
04/08/2019 13:25	97 % (Room Air)
04/08/2019 09:45	97 % (Room Air)
04/07/2019 19:55	98 % (Room Air)
04/07/2019 17:05	98 % (Room Air)
04/07/2019 15:38	96 % (Room Air)
04/07/2019 07:26	98 % (Room Air)
04/06/2019 16:19	97 % (Room Air)
04/06/2019 11:18	97 % (Room Air)
04/06/2019 10:34	97 % (Room Air)
04/05/2019 22:54	99 % (Room Air)
04/05/2019 22:53	97 % (Room Air)
04/04/2019 23:41	99 % (Room Air)
04/04/2019 23:40	97 % (Room Air)
04/04/2019 15:06	94 % (Room Air)
04/04/2019 15:06	92 % (Room Air)
04/03/2019 21:02	99 % (Room Air)
04/03/2019 21:02	97 % (Room Air)
04/03/2019 14:41	97 % (Room Air)
04/02/2019 21:04	98 % (Room Air)
04/02/2019 21:03	96 % (Room Air)
04/02/2019 14:14	93 % (Room Air)
04/02/2019 14:13	92 % (Room Air)
04/01/2019 22:50	99 % (Room Air)
04/01/2019 22:49	97 % (Room Air)
03/31/2019 21:18	97 % (Room Air)
03/31/2019 17:57	96 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
03/30/2019 18:39	96 % (Room Air)
03/30/2019 14:53	97 % (Room Air)
03/30/2019 09:08	93 % (Room Air)
03/29/2019 21:46	99 % (Room Air)
03/29/2019 21:46	97 % (Room Air)
03/29/2019 00:39	99 % (Room Air)
03/29/2019 00:24	96 % (Room Air)
03/27/2019 21:50	99 % (Room Air)
03/27/2019 21:49	97 % (Room Air)
03/27/2019 14:53	97 % (Room Air)
03/27/2019 14:52	98 % (Room Air)
03/26/2019 20:00	98 % (Room Air)
03/26/2019 19:57	96 % (Room Air)
03/25/2019 22:38	98 % (Room Air)
03/25/2019 22:37	97 % (Room Air)
03/25/2019 11:26	94 % (Room Air)
03/25/2019 11:26	97 % (Room Air)
03/24/2019 23:09	95 % (Room Air)
03/24/2019 18:47	97 % (Room Air)
03/24/2019 14:18	96 % (Room Air)
03/24/2019 09:36	97 % (Room Air)
03/23/2019 21:46	97 % (Room Air)
03/23/2019 18:14	97 % (Room Air)
03/23/2019 11:42	98 % (Room Air)
03/23/2019 08:16	97 % (Room Air)
03/23/2019 01:05	99 % (Room Air)
03/23/2019 01:04	97 % (Room Air)
03/21/2019 20:46	99 % (Room Air)
03/21/2019 20:44	97 % (Room Air)
03/21/2019 18:53	98 % (Room Air)
03/21/2019 18:52	97 % (Room Air)
03/21/2019 17:06	96 % (Room Air)
03/21/2019 10:50	97 % (Room Air)
03/20/2019 01:29	99 % (Room Air)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
03/20/2019 01:29	97 % (Room Air)
03/19/2019 14:40	97 % (Room Air)
03/19/2019 14:39	97 % (Room Air)
03/18/2019 21:17	99 % (Room Air)
03/18/2019 21:15	97 % (Room Air)
03/18/2019 13:35	97 % (Room Air)
03/18/2019 13:34	98 % (Room Air)
03/17/2019 21:19	98 % (Room Air)
03/17/2019 21:19	97 % (Room Air)
03/17/2019 16:05	97 % (Room Air)
03/17/2019 16:04	97 % (Room Air)
03/17/2019 06:40	96 % (Room Air)
03/17/2019 06:39	97 % (Room Air)
03/16/2019 19:31	95 % (Room Air)
03/16/2019 18:09	95 % (Room Air)
03/16/2019 09:02	97 % (Room Air)
03/15/2019 23:39	99 % (Room Air)
03/15/2019 23:39	97 % (Room Air)
03/15/2019 01:21	99 % (Room Air)
03/15/2019 01:20	96 % (Room Air)
03/13/2019 21:45	99 % (Room Air)
03/13/2019 21:44	97 % (Room Air)
03/13/2019 00:44	99 % (Room Air)
03/13/2019 00:43	97 % (Room Air)
03/12/2019 13:09	98 % (Room Air)
03/12/2019 13:08	97 % (Room Air)
03/11/2019 23:50	98 % (Room Air)
03/11/2019 23:49	96 % (Room Air)
03/10/2019 22:17	98 % (Room Air)
03/10/2019 22:17	97 % (Room Air)
03/09/2019 09:55	98 % (Room Air)
03/08/2019 21:27	99 % (Room Air)
03/08/2019 21:25	97 % (Room Air)
03/08/2019 13:29	97 % (Room Air)

Only vitals with data are displayed



Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
03/07/2019 20:59	99 % (Room Air)
03/07/2019 20:57	97 % (Room Air)
03/07/2019 14:01	96 % (Room Air)
03/07/2019 07:59	97 % (Room Air)
03/06/2019 22:23	93 % (Room Air)
03/06/2019 22:22	93 % (Room Air)
03/06/2019 21:00	97 % (Room Air)
03/05/2019 22:53	99 % (Room Air)
03/05/2019 22:52	97 % (Room Air)
03/05/2019 11:24	92 % (Oxygen via Nasal Cannula)
03/05/2019 10:19	92 % (Room Air)
03/04/2019 23:43	98 % (Room Air)
03/04/2019 23:42	97 % (Room Air)
03/04/2019 11:21	92 % (Room Air)
03/04/2019 11:13	92 % (Room Air)
03/03/2019 19:01	97 % (Room Air)
03/03/2019 18:17	98 % (Room Air)
03/03/2019 12:54	98 % (Room Air)
03/03/2019 09:05	98 % (Room Air)
03/02/2019 19:38	98 % (Room Air)
03/02/2019 17:07	99 % (Room Air)
03/02/2019 17:06	99 % (Room Air)
03/02/2019 16:27	97 % (Room Air)
03/02/2019 00:06	99 % (Room Air)
03/02/2019 00:05	97 % (Room Air)
02/28/2019 21:55	99 % (Room Air)
02/28/2019 18:38	97 % (Room Air)
02/28/2019 13:52	91 % (Room Air)
02/28/2019 13:51	92 % (Room Air)
02/27/2019 21:45	99 % (Room Air)
02/27/2019 21:43	97 % (Room Air)
02/27/2019 11:11	92 % (Room Air)
02/27/2019 08:10	97 % (Room Air)
02/26/2019 23:46	98 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
02/26/2019 23:46	96 % (Room Air)
02/26/2019 13:30	96 % (Room Air)
02/26/2019 13:30	97 % (Room Air)
02/25/2019 21:45	97 % (Room Air)
02/25/2019 21:44	96 % (Room Air)
02/25/2019 14:32	95 % (Room Air)
02/25/2019 14:32	94 % (Room Air)
02/24/2019 21:58	99 % (Room Air)
02/24/2019 21:58	97 % (Room Air)
02/24/2019 11:00	98 % (Room Air)
02/24/2019 09:24	98 % (Room Air)
02/23/2019 23:15	97 % (Oxygen via Nasal Cannula)
02/23/2019 23:14	96 % (Oxygen via Nasal Cannula)
02/23/2019 11:09	96 % (Room Air)
02/23/2019 09:18	96 % (Room Air)
02/22/2019 23:49	99 % (Room Air)
02/22/2019 23:48	97 % (Room Air)
02/22/2019 16:45	97 % (Room Air)
02/22/2019 16:45	96 % (Room Air)
02/22/2019 09:43	95 % (Room Air)
02/22/2019 09:42	95 % (Room Air)
02/21/2019 21:44	99 % (Room Air)
02/21/2019 21:43	97 % (Room Air)
02/20/2019 20:12	99 % (Room Air)
02/20/2019 20:11	97 % (Room Air)
02/20/2019 17:35	96 % (Room Air)
02/20/2019 17:35	95 % (Room Air)
02/19/2019 21:39	97 % (Room Air)
02/19/2019 16:12	92 % (Room Air)
02/19/2019 15:51	99 % (Room Air)
02/19/2019 15:50	97 % (Room Air)
02/18/2019 23:18	98 % (Room Air)
02/18/2019 23:17	96 % (Room Air)
02/18/2019 14:43	97 % (Room Air)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
02/17/2019 19:20	97 % (Room Air)
02/17/2019 16:19	95 % (Room Air)
02/17/2019 12:51	98 % (Room Air)
02/17/2019 08:50	96 % (Room Air)
02/16/2019 20:05	97 % (Room Air)
02/16/2019 16:04	96 % (Room Air)
02/16/2019 12:26	97 % (Room Air)
02/16/2019 08:24	97 % (Room Air)
02/15/2019 21:05	98 % (Room Air)
02/15/2019 19:38	97 % (Room Air)
02/14/2019 21:26	99 % (Room Air)
02/14/2019 21:25	98 % (Room Air)
02/14/2019 15:17	96 % (Room Air)
02/14/2019 10:51	93 % (Room Air)
02/14/2019 08:27	93 % (Room Air)
02/14/2019 08:27	97 % (Room Air)
02/13/2019 22:18	99 % (Room Air)
02/13/2019 22:17	97 % (Room Air)
02/13/2019 07:56	97 % (Room Air)
02/12/2019 20:10	99 % (Room Air)
02/12/2019 17:58	97 % (Room Air)
02/12/2019 09:33	97 % (Room Air)
02/11/2019 20:11	99 % (Room Air)
02/11/2019 20:09	97 % (Room Air)
02/11/2019 13:38	98 % (Room Air)
02/11/2019 09:45	92 % (Room Air)
02/10/2019 19:30	98 % (Room Air)
02/10/2019 16:27	98 % (Room Air)
02/10/2019 11:24	98 % (Room Air)
02/10/2019 10:52	98 % (Room Air)
02/09/2019 21:16	98 % (Room Air)
02/09/2019 16:16	96 % (Room Air)
02/09/2019 12:32	96 % (Room Air)
02/09/2019 08:22	96 % (Room Air)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

**Resident: Norman, Ella (32397)****Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight****Effective Date Range: 01/01/2018 - 03/27/2020**

<u>Date</u>	<u>Value</u>
02/09/2019 00:30	99 % (Room Air)
02/09/2019 00:29	97 % (Room Air)
02/08/2019 12:20	97 % (Room Air)
02/08/2019 12:18	92 % (Room Air)
02/07/2019 20:08	97 % (Room Air)
02/07/2019 17:23	97 % (Room Air)
02/07/2019 14:19	97 % (Room Air)
02/07/2019 14:18	97 % (Room Air)
02/06/2019 19:28	99 % (Room Air)
02/06/2019 19:25	97 % (Room Air)
02/06/2019 15:23	97 % (Room Air)
02/06/2019 09:39	97 % (Room Air)
02/05/2019 22:33	99 % (Room Air)
02/05/2019 22:29	97 % (Room Air)
02/05/2019 16:55	98 % (Room Air)
02/05/2019 16:55	97 % (Room Air)
02/04/2019 21:23	99 % (Room Air)
02/04/2019 21:22	97 % (Room Air)
02/04/2019 14:26	98 % (Room Air)
02/04/2019 10:18	98 % (Room Air)
02/03/2019 22:55	96 % (Room Air)
02/03/2019 16:51	97 % (Room Air)
02/03/2019 13:12	97 % (Room Air)
02/03/2019 08:11	97 % (Room Air)
02/02/2019 22:43	98 % (Room Air)
02/02/2019 16:42	8 % (Room Air)
02/02/2019 13:00	97 % (Room Air)
02/02/2019 07:59	98 % (Room Air)
02/01/2019 22:39	99 % (Room Air)
02/01/2019 22:38	97 % (Room Air)
02/01/2019 12:10	92 % (Room Air)
02/01/2019 09:18	98 % (Room Air)
01/31/2019 19:48	99 % (Room Air)
01/31/2019 19:47	97 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/31/2019 16:14	96 % (Room Air)
01/31/2019 12:15	97 % (Room Air)
01/31/2019 09:48	96 % (Room Air)
01/30/2019 22:20	99 % (Room Air)
01/30/2019 22:19	97 % (Room Air)
01/30/2019 12:49	96 % (Room Air)
01/29/2019 22:35	95 % (Room Air)
01/29/2019 22:34	96 % (Room Air)
01/29/2019 19:59	98 % (Room Air)
01/29/2019 19:58	96 % (Room Air)
01/29/2019 01:08	98 % (Room Air)
01/29/2019 01:07	96 % (Room Air)
01/28/2019 16:14	97 % (Room Air)
01/28/2019 16:13	98 % (Room Air)
01/27/2019 23:01	98 % (Room Air)
01/27/2019 20:35	97 % (Room Air)
01/27/2019 16:01	97 % (Room Air)
01/26/2019 21:06	97 % (Room Air)
01/26/2019 16:03	98 % (Room Air)
01/26/2019 11:34	96 % (Room Air)
01/26/2019 10:58	97 % (Room Air)
01/25/2019 19:21	98 % (Room Air)
01/25/2019 19:20	97 % (Room Air)
01/24/2019 19:48	98 % (Room Air)
01/24/2019 19:47	96 % (Room Air)
01/24/2019 14:43	92 % (Room Air)
01/24/2019 09:27	92 % (Room Air)
01/24/2019 08:42	96 % (Room Air)
01/24/2019 08:41	93 % (Room Air)
01/23/2019 23:48	98 % (Room Air)
01/23/2019 23:47	96 % (Room Air)
01/22/2019 19:42	98 % (Room Air)
01/22/2019 19:12	87 % (Room Air)
01/22/2019 19:09	97 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
01/22/2019 19:09	96 % (Room Air)
01/21/2019 21:04	96 % (Room Air)
01/21/2019 18:10	93 % (Room Air)
01/20/2019 20:36	98 % (Room Air)
01/20/2019 20:35	96 % (Room Air)
01/20/2019 11:01	95 % (Room Air)
01/20/2019 07:29	96 % (Room Air)
01/19/2019 23:32	18 % (Room Air)
01/19/2019 18:26	97 % (Room Air)
01/19/2019 16:13	96 % (Room Air)
01/19/2019 13:40	96 % (Room Air)
01/19/2019 09:39	98 % (Room Air)
01/18/2019 22:34	98 % (Room Air)
01/18/2019 22:31	96 % (Room Air)
01/18/2019 09:56	98 % (Room Air)
01/17/2019 19:22	98 % (Room Air)
01/17/2019 19:20	97 % (Room Air)
01/17/2019 15:51	95 % (Room Air)
01/17/2019 10:16	97 % (Room Air)
01/16/2019 10:00	98 % (Room Air)
01/16/2019 00:40	96 % (Room Air)
01/16/2019 00:28	98 % (Room Air)
01/16/2019 00:28	95 % (Room Air)
01/15/2019 08:47	93 % (Room Air)
01/14/2019 20:09	98 % (Room Air)
01/14/2019 20:05	96 % (Room Air)
01/14/2019 11:06	95 % (Room Air)
01/14/2019 09:51	93 % (Room Air)
01/13/2019 20:54	96 % (Room Air)
01/13/2019 18:16	97 % (Room Air)
01/13/2019 11:07	97 % (Room Air)
01/13/2019 10:13	96 % (Room Air)
01/12/2019 19:13	97 % (Room Air)
01/12/2019 17:47	98 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/12/2019 12:39	97 % (Oxygen via Nasal Cannula)
01/12/2019 08:41	98 % (Room Air)
01/11/2019 19:31	98 % (Room Air)
01/11/2019 18:55	98 % (Room Air)
01/11/2019 12:38	92 % (Room Air)
01/11/2019 09:17	97 % (Room Air)
01/10/2019 20:47	98 % (Room Air)
01/10/2019 18:09	97 % (Room Air)
01/10/2019 15:04	93 % (Room Air)
01/10/2019 08:49	93 % (Room Air)
01/09/2019 19:00	98 % (Room Air)
01/09/2019 17:49	97 % (Room Air)
01/09/2019 14:39	93 % (Room Air)
01/09/2019 09:10	93 % (Room Air)
01/08/2019 18:13	97 % (Room Air)
01/08/2019 13:47	97 % (Room Air)
01/08/2019 08:30	92 % (Room Air)
01/07/2019 17:55	96 % (Room Air)
01/07/2019 17:55	95 % (Room Air)
01/06/2019 22:08	97 % (Room Air)
01/06/2019 16:26	98 % (Room Air)
01/06/2019 14:27	97 % (Room Air)
01/06/2019 07:14	95 % (Room Air)
01/05/2019 22:11	96 % (Room Air)
01/05/2019 22:08	97 % (Room Air)
01/05/2019 13:35	96 % (Room Air)
01/05/2019 09:40	96 % (Room Air)
01/04/2019 19:44	97 % (Room Air)
01/04/2019 19:43	96 % (Room Air)
01/03/2019 19:26	98 % (Room Air)
01/03/2019 17:51	95 % (Room Air)
01/03/2019 17:29	96 % (Room Air)
01/03/2019 10:29	96 % (Room Air)
01/02/2019 19:59	98 % (Room Air)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/02/2019 19:58	97 % (Room Air)
01/02/2019 17:36	97 % (Room Air)
01/02/2019 17:36	94 % (Room Air)
01/01/2019 20:48	98 % (Room Air)
01/01/2019 20:47	97 % (Room Air)
01/01/2019 14:32	96 % (Room Air)
01/01/2019 14:31	95 % (Room Air)
12/31/2018 21:30	97 % (Room Air)
12/31/2018 21:29	97 % (Room Air)
12/31/2018 16:14	95 % (Room Air)
12/31/2018 08:44	94 % (Room Air)
12/30/2018 21:40	96 % (Room Air)
12/30/2018 18:07	98 % (Room Air)
12/30/2018 12:50	97 % (Room Air)
12/30/2018 08:55	97 % (Room Air)
12/29/2018 19:28	97 % (Room Air)
12/29/2018 15:04	97 % (Room Air)
12/29/2018 12:12	98 % (Room Air)
12/28/2018 22:20	84 % (Room Air)
12/28/2018 20:30	88 % (Room Air)
12/28/2018 17:13	94 % (Room Air)
12/27/2018 18:26	97 % (Room Air)
12/27/2018 09:32	93 % (Room Air)
12/26/2018 18:28	97 % (Room Air)
12/26/2018 14:22	96 % (Room Air)
12/26/2018 14:21	96 % (Room Air)
12/25/2018 20:28	95 % (Room Air)
12/25/2018 17:09	97 % (Room Air)
12/25/2018 12:42	96 % (Room Air)
12/25/2018 08:43	96 % (Room Air)
12/25/2018 08:16	96 % (Room Air)
12/24/2018 19:36	97 % (Room Air)
12/23/2018 19:27	95 % (Room Air)
12/23/2018 17:17	96 % (Room Air)

Only vitals with data are displayed



Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/23/2018 09:26	98 % (Room Air)
12/22/2018 11:34	96 % (Room Air)
12/22/2018 10:42	96 % (Room Air)
12/21/2018 17:51	96 % (Room Air)
12/21/2018 15:35	96 % (Room Air)
12/21/2018 08:18	92 % (Room Air)
12/20/2018 17:39	97 % (Room Air)
12/20/2018 13:11	95 % (Room Air)
12/20/2018 09:46	96 % (Room Air)
12/19/2018 18:59	97 % (Oxygen via Nasal Cannula)
12/19/2018 14:34	97 % (Room Air)
12/19/2018 14:33	96 % (Room Air)
12/18/2018 21:26	97 % (Room Air)
12/18/2018 15:42	94 % (Room Air)
12/18/2018 15:42	96 % (Room Air)
12/17/2018 17:26	95 % (Room Air)
12/17/2018 11:59	92 % (Room Air)
12/17/2018 08:58	93 % (Room Air)
12/16/2018 23:41	96 % (Room Air)
12/16/2018 17:08	98 % (Room Air)
12/16/2018 16:32	97 % (Oxygen via Nasal Cannula)
12/16/2018 09:01	96 % (Room Air)
12/15/2018 20:04	98 % (Room Air)
12/15/2018 16:31	96 % (Room Air)
12/15/2018 12:32	97 % (Room Air)
12/15/2018 09:40	97 % (Room Air)
12/14/2018 18:51	97 % (Room Air)
12/14/2018 13:45	92 % (Room Air)
12/14/2018 13:44	92 % (Room Air)
12/14/2018 13:17	92 % (Room Air)
12/13/2018 07:27	92 % (Room Air)
12/12/2018 20:30	95 % (Room Air)
12/12/2018 13:35	96 % (Room Air)
12/11/2018 13:12	93 % (Room Air)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/11/2018 13:10	92 % (Room Air)
12/10/2018 19:05	95 % (Room Air)
09/04/2018 10:26	93 % (Room Air)
08/29/2018 14:28	96 % (Room Air)
08/28/2018 13:06	95 % (Room Air)
08/05/2018 16:10	98 % (Room Air)
08/04/2018 10:00	98 % (Room Air)
08/03/2018 08:28	95 % (Room Air)
08/02/2018 08:41	97 % (Room Air)
07/31/2018 08:20	96 % (Room Air)
07/30/2018 08:17	96 % (Oxygen via Nasal Cannula)
07/28/2018 08:45	96 % (Room Air)
07/27/2018 08:08	96 % (Oxygen via Nasal Cannula)
07/22/2018 10:24	96 % (Room Air)
03/22/2018 11:02	97 % (Room Air)
02/19/2018 14:34	99 % (Room Air)
02/14/2018 09:04	97 % (Room Air)

Pain Level Summary Baseline: N/A

01/29/2020 14:30	0 (Numerical)
01/29/2020 10:27	0 (Numerical)
12/11/2019 10:00	2 (Numerical)
12/11/2019 09:00	4 (Numerical)
10/19/2019 13:00	0 (Numerical)
10/19/2019 10:43	0 (Numerical)
10/18/2019 18:14	0 (Numerical)
10/18/2019 11:45	3 (Numerical)
10/17/2019 17:19	0 (Numerical)
10/16/2019 16:58	0 (Numerical)
10/15/2019 19:42	0 (Numerical)
10/14/2019 16:26	0 (Numerical)
10/06/2019 02:16	0 (Numerical)
10/06/2019 02:13	0 (Numerical)
09/20/2019 17:03	4 (Numerical)
09/19/2019 16:24	4 (Numerical)

Only vitals with data are displayed

MR#: 32397

**Effective Date Range: 01/01/2018 - 03/27/2020**

<u>Date</u>	<u>Value</u>
09/18/2019 16:24	4 (Numerical)
09/17/2019 17:33	4 (Numerical)
09/11/2019 20:30	1 (PAINAD)
07/19/2019 17:24	0 (Numerical)
07/18/2019 17:01	2 (Numerical)
07/17/2019 16:12	2 (Numerical)
07/16/2019 16:30	3 (Numerical)
07/15/2019 16:35	3 (Numerical)
07/12/2019 16:38	3 (Numerical)
07/11/2019 16:55	3 (Numerical)
07/10/2019 16:11	2 (Numerical)
07/09/2019 16:07	2 (Numerical)
07/08/2019 16:32	2 (Numerical)
07/07/2019 09:55	0 (Numerical)
07/05/2019 16:40	2 (Numerical)
07/03/2019 16:22	2 (Numerical)
07/02/2019 16:41	2 (Numerical)
07/01/2019 16:48	2 (Numerical)
06/30/2019 18:09	0 (Numerical)
06/30/2019 12:41	0 (Numerical)
06/28/2019 16:36	3 (Numerical)
06/27/2019 17:02	3 (Numerical)
06/26/2019 17:12	3 (Numerical)
06/25/2019 17:11	2 (Numerical)
06/24/2019 17:52	2 (Numerical)
06/23/2019 10:29	3 (Numerical)
06/21/2019 16:57	3 (Numerical)
06/20/2019 17:12	3 (Numerical)
06/19/2019 16:29	2 (Numerical)
06/18/2019 16:53	3 (Numerical)
06/17/2019 16:18	2 (Numerical)
06/14/2019 18:28	3 (Numerical)
06/13/2019 23:17	3 (Numerical)
06/12/2019 16:55	2 (Numerical)

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

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Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

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<u>Date</u>	<u>Value</u>
06/11/2019 17:24	3 (Numerical)
06/10/2019 16:53	3 (Numerical)
06/07/2019 16:19	3 (Numerical)
06/06/2019 16:30	3 (Numerical)
06/05/2019 16:12	3 (Numerical)
06/04/2019 16:58	3 (Numerical)
06/03/2019 17:00	2 (Numerical)
05/31/2019 16:20	2 (Numerical)
05/30/2019 16:49	2 (Numerical)
05/29/2019 16:34	2 (Numerical)
05/28/2019 16:42	3 (Numerical)
05/27/2019 16:42	3 (Numerical)
05/24/2019 16:14	2 (Numerical)
05/23/2019 17:07	3 (Numerical)
05/22/2019 16:05	2 (Numerical)
05/21/2019 16:00	3 (Numerical)
05/20/2019 16:22	3 (Numerical)
05/17/2019 16:05	3 (Numerical)
05/16/2019 23:19	3 (Numerical)
05/15/2019 16:30	3 (Numerical)
05/14/2019 16:07	3 (Numerical)
05/13/2019 16:53	3 (Numerical)
05/10/2019 16:11	3 (Numerical)
05/09/2019 16:39	3 (Numerical)
05/08/2019 16:23	3 (Numerical)
05/07/2019 19:06	3 (Numerical)
05/06/2019 16:46	3 (Numerical)
05/03/2019 16:15	3 (Numerical)
05/02/2019 16:43	3 (Numerical)
05/01/2019 22:42	3 (Numerical)
04/30/2019 16:17	3 (Numerical)
04/29/2019 16:09	3 (Numerical)
04/26/2019 17:00	3 (Numerical)
04/25/2019 16:15	3 (Numerical)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/24/2019 17:55	3 (Numerical)
04/23/2019 16:47	3 (Numerical)
04/22/2019 16:02	3 (Numerical)
04/19/2019 17:00	3 (Numerical)
04/18/2019 17:03	3 (Numerical)
04/18/2019 09:00	0 (Numerical)
04/17/2019 16:13	3 (Numerical)
04/16/2019 17:18	3 (Numerical)
04/15/2019 16:58	3 (Numerical)
04/12/2019 16:37	3 (Numerical)
04/11/2019 17:15	3 (Numerical)
04/10/2019 19:05	3 (Numerical)
04/09/2019 16:09	3 (Numerical)
04/08/2019 16:25	3 (Numerical)
04/07/2019 18:36	0 (Numerical)
04/07/2019 12:30	5 (Numerical)
04/05/2019 16:28	3 (Numerical)
04/04/2019 17:07	3 (Numerical)
04/03/2019 16:04	3 (Numerical)
04/02/2019 20:41	3 (Numerical)
04/01/2019 16:04	3 (Numerical)
03/29/2019 17:12	3 (Numerical)
03/28/2019 16:18	3 (Numerical)
03/27/2019 16:35	3 (Numerical)
03/26/2019 16:10	3 (Numerical)
03/25/2019 16:10	3 (Numerical)
03/22/2019 16:38	3 (Numerical)
03/21/2019 16:13	3 (Numerical)
03/20/2019 16:12	3 (Numerical)
03/19/2019 16:32	3 (Numerical)
03/18/2019 17:00	3 (Numerical)
03/15/2019 16:26	3 (Numerical)
03/14/2019 16:02	4 (Numerical)
03/13/2019 23:32	3 (Numerical)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
03/12/2019 16:27	3 (Numerical)
03/11/2019 16:17	3 (Numerical)
03/08/2019 16:01	3 (Numerical)
03/07/2019 18:38	3 (Numerical)
03/06/2019 16:48	3 (Numerical)
03/05/2019 16:51	3 (Numerical)
03/04/2019 16:30	2 (Numerical)
03/03/2019 13:38	0 (Numerical)
03/01/2019 22:35	3 (Numerical)
02/28/2019 17:04	4 (Numerical)
02/27/2019 16:06	3 (Numerical)
02/26/2019 16:19	3 (Numerical)
02/25/2019 16:52	3 (Numerical)
02/22/2019 18:22	3 (Numerical)
02/21/2019 17:46	3 (Numerical)
02/20/2019 16:03	3 (Numerical)
02/19/2019 16:38	3 (Numerical)
02/18/2019 18:06	3 (Numerical)
02/15/2019 16:07	3 (Numerical)
02/14/2019 17:57	3 (Numerical)
02/13/2019 18:36	3 (Numerical)
02/12/2019 18:25	3 (Numerical)
02/11/2019 16:02	3 (Numerical)
02/08/2019 16:21	3 (Numerical)
02/07/2019 16:54	3 (Numerical)
02/06/2019 18:06	3 (Numerical)
02/05/2019 16:40	3 (Numerical)
02/04/2019 16:04	3 (Numerical)
02/01/2019 16:32	3 (Numerical)
01/31/2019 16:39	3 (Numerical)
01/30/2019 16:56	3 (Numerical)
01/29/2019 16:03	3 (Numerical)
01/28/2019 17:04	3 (Numerical)
01/25/2019 16:36	3 (Numerical)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/24/2019 18:19	2 (Numerical)
01/23/2019 16:55	3 (Numerical)
01/05/2019 17:12	0 (Numerical)
01/04/2019 13:34	0 (Numerical)
01/03/2019 11:51	0 (Numerical)
01/02/2019 16:30	5 (Numerical)
01/01/2019 09:16	4 (Numerical)
12/31/2018 09:53	5 (Numerical)
12/29/2018 09:17	0 (Numerical)
12/28/2018 09:17	5 (Numerical)
12/27/2018 09:18	5 (Numerical)
12/26/2018 18:23	2 (Numerical)
12/26/2018 09:21	4 (Numerical)
12/25/2018 09:28	5 (Numerical)
12/24/2018 16:39	4 (Numerical)
12/24/2018 09:17	4 (Numerical)
12/23/2018 17:10	0 (Numerical)
12/23/2018 08:58	0 (Numerical)
12/22/2018 09:00	1 (Numerical)
12/21/2018 09:51	5 (Numerical)
12/20/2018 08:36	5 (Numerical)
12/19/2018 16:19	1 (Numerical)
12/19/2018 09:04	2 (Numerical)
12/18/2018 20:21	1 (Numerical)
12/18/2018 11:04	2 (Numerical)
12/17/2018 16:45	0 (Numerical)
12/17/2018 08:57	2 (Numerical)
12/15/2018 17:54	0 (Numerical)
12/15/2018 08:02	0 (Numerical)
12/14/2018 17:36	0 (Numerical)
12/14/2018 08:57	2 (Numerical)
12/13/2018 16:30	0 (Numerical)
12/13/2018 08:51	1 (Numerical)
12/12/2018 18:51	0 (Numerical)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/12/2018 13:32	1 (Numerical)
12/11/2018 16:06	0 (Numerical)
12/11/2018 13:09	2 (Numerical)
12/10/2018 16:38	0 (Numerical)
12/10/2018 13:51	2 (Numerical)
12/09/2018 16:17	1 (Numerical)
12/09/2018 08:33	1 (Numerical)
12/08/2018 16:17	2 (Numerical)
12/07/2018 17:26	0 (Numerical)
12/07/2018 12:19	2 (Numerical)
12/06/2018 17:12	0 (Numerical)
12/06/2018 12:36	1 (Numerical)
12/05/2018 17:34	0 (Numerical)
12/05/2018 11:50	2 (Numerical)
12/04/2018 16:39	0 (Numerical)
12/03/2018 16:46	0 (Numerical)
12/03/2018 08:19	3 (Numerical)
12/01/2018 18:21	0 (Numerical)
12/01/2018 09:50	0 (Numerical)
11/30/2018 16:32	0 (Numerical)
11/30/2018 12:16	3 (Numerical)
11/29/2018 19:22	0 (Numerical)
11/26/2018 14:33	0 (Numerical)
11/26/2018 14:32	0 (Numerical)
08/29/2018 14:28	0 (Numerical)
08/02/2018 10:41	0 (Numerical)
08/02/2018 10:22	0 (Numerical)
07/31/2018 08:20	0 (Numerical)
07/30/2018 08:17	0 (Numerical)
07/27/2018 08:08	0 (Numerical)
02/14/2018 09:04	0 (Numerical)

Only vitals with data are displayed



Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
Pulse Summary	Baseline: N/A
03/24/2020 08:14	70 bpm (Regular)
02/04/2020 12:38	70 bpm (Regular)
02/03/2020 14:50	86 bpm (Regular)
02/02/2020 10:13	80 bpm (Regular)
02/01/2020 10:42	91 bpm (Regular)
01/31/2020 12:35	72 bpm (Regular)
01/30/2020 10:55	86 bpm (Regular)
01/29/2020 14:35	87 bpm (Regular)
01/28/2020 14:12	84 bpm (Regular)
01/27/2020 09:27	90 bpm (Regular)
01/26/2020 11:31	82 bpm (Regular)
01/25/2020 08:58	80 bpm (Regular)
01/24/2020 13:54	84 bpm (Regular)
01/23/2020 10:35	86 bpm (Regular)
01/22/2020 10:37	70 bpm (Regular)
01/21/2020 13:06	88 bpm (Regular)
01/20/2020 13:31	86 bpm (Regular)
01/19/2020 11:48	64 bpm (Regular)
01/18/2020 08:44	88 bpm (Regular)
01/17/2020 14:07	94 bpm (Regular)
01/16/2020 14:20	87 bpm (Regular)
01/15/2020 14:12	80 bpm (Regular)
01/14/2020 12:43	77 bpm (Regular)
01/13/2020 14:32	85 bpm (Regular)
01/12/2020 08:30	84 bpm (Regular)
01/11/2020 11:02	82 bpm (Regular)
01/10/2020 10:53	88 bpm (Regular)
01/09/2020 14:22	84 bpm (Regular)
01/08/2020 14:14	82 bpm (Regular)
01/07/2020 12:44	84 bpm (Regular)
01/06/2020 11:13	72 bpm (Regular)
01/03/2020 14:11	88 bpm (Regular)
01/02/2020 12:56	84 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
01/01/2020 13:51	80 bpm (Regular)
12/31/2019 12:55	88 bpm (Regular)
12/30/2019 14:23	87 bpm (Regular)
12/29/2019 10:03	82 bpm (Regular)
12/28/2019 10:22	78 bpm (Regular)
12/27/2019 13:10	86 bpm (Regular)
12/26/2019 12:43	80 bpm (Regular)
12/25/2019 14:08	84 bpm (Regular)
12/24/2019 13:38	85 bpm (Regular)
12/23/2019 11:35	87 bpm (Regular)
12/22/2019 12:24	76 bpm (Regular)
12/21/2019 09:18	84 bpm (Regular)
12/20/2019 13:46	82 bpm (Regular)
12/19/2019 13:33	87 bpm (Regular)
12/18/2019 11:27	83 bpm (Regular)
12/17/2019 14:50	84 bpm (Regular)
12/16/2019 12:18	94 bpm (Regular)
12/15/2019 08:41	76 bpm (Regular)
12/14/2019 09:22	84 bpm (Regular)
12/13/2019 12:33	87 bpm (Regular)
12/12/2019 12:36	70 bpm (Regular)
12/11/2019 13:14	80 bpm (Regular)
12/11/2019 09:30	97 bpm (Regular)
12/10/2019 13:32	73 bpm (Regular)
12/09/2019 12:10	90 bpm (Regular)
12/08/2019 10:03	67 bpm (Regular)
12/07/2019 10:18	74 bpm (Regular)
12/06/2019 14:01	77 bpm (Regular)
12/05/2019 14:32	90 bpm (Regular)
12/04/2019 12:17	85 bpm (Regular)
12/03/2019 14:10	87 bpm (Regular)
12/02/2019 14:12	68 bpm (Regular)
11/30/2019 11:50	77 bpm (Regular)
11/29/2019 12:11	87 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
11/28/2019 13:32	75 bpm (Regular)
11/27/2019 13:28	68 bpm (Regular)
11/26/2019 14:35	86 bpm (Regular)
11/25/2019 19:45	80 bpm (Regular)
11/25/2019 17:54	76 bpm (Regular)
11/25/2019 17:53	70 bpm (Regular)
11/25/2019 13:42	68 bpm (Regular)
11/24/2019 19:04	79 bpm (Regular)
11/24/2019 10:17	74 bpm (Regular)
11/23/2019 09:34	77 bpm (Regular)
11/23/2019 08:42	72 bpm (Regular)
11/22/2019 18:27	78 bpm (Regular)
11/22/2019 12:15	86 bpm (Regular)
11/22/2019 12:09	71 bpm (Regular)
11/22/2019 12:00	86 bpm (Regular)
11/22/2019 08:15	84 bpm (Regular)
11/22/2019 08:00	83 bpm (Regular)
11/21/2019 11:09	72 bpm (Regular)
11/21/2019 08:15	85 bpm (Regular)
11/21/2019 08:00	86 bpm (Regular)
11/20/2019 21:28	80 bpm (Regular)
11/20/2019 17:21	80 bpm (Regular)
11/20/2019 17:20	80 bpm (Regular)
11/20/2019 10:41	90 bpm (Regular)
11/20/2019 08:15	87 bpm (Regular)
11/20/2019 08:00	86 bpm (Regular)
11/19/2019 21:20	80 bpm (Regular)
11/19/2019 21:19	82 bpm (Regular)
11/19/2019 17:28	100 bpm (Regular)
11/19/2019 17:27	80 bpm (Regular)
11/19/2019 12:16	85 bpm (Regular)
11/19/2019 12:01	84 bpm (Regular)
11/19/2019 10:47	84 bpm (Regular)
11/19/2019 08:15	83 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
11/19/2019 08:00	81 bpm (Regular)
11/18/2019 12:15	886 bpm (Regular)
11/18/2019 12:00	78 bpm (Regular)
11/18/2019 10:52	91 bpm (Regular)
11/18/2019 08:15	85 bpm (Regular)
11/18/2019 08:00	84 bpm (Regular)
11/17/2019 08:05	84 bpm (Regular)
11/16/2019 12:47	87 bpm (Regular)
11/16/2019 09:59	82 bpm (Regular)
11/15/2019 14:18	86 bpm (Regular)
11/15/2019 07:45	85 bpm (Regular)
11/15/2019 07:30	82 bpm (Regular)
11/14/2019 17:34	85 bpm (Regular)
11/14/2019 12:39	87 bpm (Regular)
11/13/2019 12:34	83 bpm (Regular)
11/13/2019 12:15	84 bpm (Regular)
11/13/2019 12:00	80 bpm (Regular)
11/13/2019 08:15	84 bpm (Regular)
11/13/2019 08:00	82 bpm (Regular)
11/12/2019 13:47	84 bpm (Regular)
11/12/2019 08:15	85 bpm (Regular)
11/12/2019 08:00	82 bpm (Regular)
11/11/2019 18:06	87 bpm (Regular)
11/11/2019 14:04	95 bpm (Regular)
11/11/2019 12:26	85 bpm (Regular)
11/11/2019 12:00	85 bpm (Regular)
11/11/2019 08:15	84 bpm (Regular)
11/11/2019 08:00	82 bpm (Regular)
11/10/2019 10:02	78 bpm (Regular)
11/10/2019 08:16	84 bpm (Regular)
11/09/2019 08:02	76 bpm (Regular)
11/08/2019 13:40	80 bpm (Regular)
11/08/2019 09:08	76 bpm (Regular)
11/07/2019 20:13	89 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
11/07/2019 13:02	88 bpm (Regular)
11/06/2019 12:36	88 bpm (Regular)
11/06/2019 12:15	84 bpm (Regular)
11/06/2019 12:00	82 bpm (Regular)
11/06/2019 08:15	86 bpm (Regular)
11/06/2019 08:00	78 bpm (Regular)
11/05/2019 20:57	80 bpm (Regular)
11/05/2019 20:45	82 bpm (Regular)
11/05/2019 16:23	79 bpm (Regular)
11/05/2019 16:22	78 bpm (Regular)
11/05/2019 12:47	89 bpm (Regular)
11/05/2019 08:15	82 bpm (Regular)
11/05/2019 08:00	82 bpm (Regular)
11/04/2019 21:23	78 bpm (Regular)
11/04/2019 15:53	82 bpm (Regular)
11/04/2019 15:47	81 bpm (Regular)
11/04/2019 12:47	80 bpm (Regular)
11/04/2019 12:15	84 bpm (Regular)
11/04/2019 12:00	84 bpm (Regular)
11/04/2019 08:15	84 bpm (Regular)
11/04/2019 08:00	80 bpm (Regular)
11/03/2019 22:47	78 bpm (Regular)
11/03/2019 22:46	84 bpm (Regular)
11/03/2019 22:46	76 bpm (Regular)
11/03/2019 16:45	78 bpm (Regular)
11/03/2019 12:15	83 bpm (Regular)
11/03/2019 12:00	78 bpm (Regular)
11/03/2019 11:27	66 bpm (Regular)
11/03/2019 08:15	84 bpm (Regular)
11/03/2019 08:00	80 bpm (Regular)
11/02/2019 10:53	86 bpm (Regular)
11/01/2019 22:03	86 bpm (Regular)
11/01/2019 16:43	92 bpm (Regular)
11/01/2019 16:43	90 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
11/01/2019 12:15	85 bpm (Regular)
11/01/2019 12:00	84 bpm (Regular)
11/01/2019 11:42	85 bpm (Regular)
11/01/2019 09:15	85 bpm (Regular)
11/01/2019 09:09	82 bpm (Regular)
10/31/2019 13:56	82 bpm (Regular)
10/31/2019 12:15	84 bpm (Regular)
10/31/2019 12:00	84 bpm (Regular)
10/31/2019 08:15	84 bpm (Regular)
10/31/2019 08:00	83 bpm (Regular)
10/30/2019 22:47	76 bpm (Regular)
10/30/2019 22:47	80 bpm (Regular)
10/30/2019 14:31	87 bpm (Regular)
10/30/2019 12:15	83 bpm (Regular)
10/30/2019 12:00	82 bpm (Regular)
10/30/2019 08:15	82 bpm (Regular)
10/30/2019 08:00	82 bpm (Regular)
10/29/2019 14:19	90 bpm (Regular)
10/29/2019 08:15	84 bpm (Regular)
10/29/2019 08:00	82 bpm (Regular)
10/28/2019 14:47	74 bpm (Regular)
10/28/2019 12:15	84 bpm (Regular)
10/28/2019 12:00	85 bpm (Regular)
10/28/2019 08:15	85 bpm (Regular)
10/28/2019 08:00	84 bpm (Regular)
10/27/2019 13:22	78 bpm (Regular)
10/26/2019 12:21	86 bpm (Regular)
10/25/2019 13:54	86 bpm (Regular)
10/25/2019 12:15	84 bpm (Regular)
10/25/2019 12:00	82 bpm (Regular)
10/25/2019 08:30	85 bpm (Regular)
10/25/2019 08:00	84 bpm (Regular)
10/24/2019 13:32	81 bpm (Regular)
10/23/2019 12:23	92 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
10/23/2019 12:15	84 bpm (Regular)
10/23/2019 12:00	83 bpm (Regular)
10/23/2019 08:16	84 bpm (Regular)
10/23/2019 08:00	82 bpm (Regular)
10/22/2019 13:17	86 bpm (Regular)
10/21/2019 21:23	90 bpm (Regular)
10/21/2019 21:22	91 bpm (Regular)
10/21/2019 17:14	92 bpm (Regular)
10/21/2019 17:12	90 bpm (Regular)
10/21/2019 13:53	96 bpm (Regular)
10/21/2019 12:15	84 bpm (Regular)
10/21/2019 12:00	84 bpm (Regular)
10/21/2019 08:15	85 bpm (Regular)
10/20/2019 10:26	69 bpm (Regular)
10/20/2019 07:25	82 bpm (Regular)
10/19/2019 10:18	79 bpm (Regular)
10/18/2019 20:33	85 bpm (Regular)
10/18/2019 20:33	86 bpm (Regular)
10/18/2019 17:23	84 bpm (Regular)
10/18/2019 16:38	82 bpm (Regular)
10/18/2019 14:29	87 bpm (Regular)
10/18/2019 12:15	84 bpm (Regular)
10/18/2019 12:00	88 bpm (Regular)
10/18/2019 08:15	84 bpm (Regular)
10/18/2019 08:00	82 bpm (Regular)
10/17/2019 20:15	84 bpm (Regular)
10/17/2019 20:00	83 bpm (Regular)
10/17/2019 16:15	75 bpm (Regular)
10/17/2019 16:00	84 bpm (Regular)
10/17/2019 13:43	77 bpm (Regular)
10/17/2019 11:08	85 bpm (Regular)
10/17/2019 08:00	84 bpm (Regular)
10/16/2019 20:15	88 bpm (Regular)
10/16/2019 20:00	86 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

**Resident: Norman, Ella (32397)****Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight****Effective Date Range: 01/01/2018 - 03/27/2020**

<u>Date</u>	<u>Value</u>
10/16/2019 16:15	86 bpm (Regular)
10/16/2019 16:00	85 bpm (Regular)
10/16/2019 14:39	82 bpm (Regular)
10/16/2019 12:15	85 bpm (Regular)
10/16/2019 12:00	84 bpm (Regular)
10/16/2019 08:15	86 bpm (Regular)
10/16/2019 08:00	84 bpm (Regular)
10/15/2019 12:15	86 bpm (Regular)
10/15/2019 12:00	84 bpm (Regular)
10/15/2019 11:01	86 bpm (Regular)
10/15/2019 08:15	86 bpm (Regular)
10/15/2019 08:00	84 bpm (Regular)
10/14/2019 19:46	82 bpm (Regular)
10/14/2019 19:45	83 bpm (Regular)
10/14/2019 17:09	86 bpm (Regular)
10/14/2019 13:22	88 bpm (Regular)
10/14/2019 12:15	84 bpm (Regular)
10/14/2019 12:00	86 bpm (Regular)
10/14/2019 08:15	84 bpm (Regular)
10/14/2019 08:00	78 bpm (Regular)
10/13/2019 10:24	72 bpm (Regular)
10/13/2019 08:56	69 bpm (Regular)
10/12/2019 10:19	77 bpm (Regular)
10/12/2019 08:08	79 bpm (Regular)
10/11/2019 15:14	85 bpm (Regular)
10/11/2019 12:15	84 bpm (Regular)
10/11/2019 12:00	83 bpm (Regular)
10/11/2019 11:16	82 bpm (Regular)
10/11/2019 11:14	80 bpm (Regular)
10/10/2019 22:25	77 bpm (Regular)
10/10/2019 11:32	88 bpm (Regular)
10/09/2019 12:15	83 bpm (Regular)
10/09/2019 12:00	82 bpm (Regular)
10/09/2019 10:18	78 bpm (Regular)

Only vitals with data are displayed



Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
10/09/2019 10:07	78 bpm (Regular)
10/09/2019 08:15	85 bpm (Regular)
10/08/2019 21:33	76 bpm (Regular)
10/08/2019 21:32	80 bpm (Regular)
10/08/2019 12:31	85 bpm (Regular)
10/08/2019 12:25	79 bpm (Regular)
10/08/2019 12:15	86 bpm (Regular)
10/08/2019 12:00	78 bpm (Regular)
10/08/2019 08:00	78 bpm (Regular)
10/07/2019 19:49	66 bpm (Regular)
10/07/2019 14:14	94 bpm (Regular)
10/07/2019 12:16	80 bpm (Regular)
10/07/2019 12:00	78 bpm (Regular)
10/07/2019 08:17	84 bpm (Regular)
10/07/2019 08:00	75 bpm (Regular)
10/06/2019 09:51	77 bpm (Regular)
10/06/2019 08:24	76 bpm (Regular)
10/05/2019 09:41	78 bpm (Regular)
10/04/2019 12:15	82 bpm (Regular)
10/04/2019 12:00	81 bpm (Regular)
10/04/2019 11:36	80 bpm (Regular)
10/04/2019 08:15	82 bpm (Regular)
10/04/2019 08:00	80 bpm (Regular)
10/03/2019 20:41	80 bpm (Regular)
10/03/2019 20:40	78 bpm (Regular)
10/03/2019 11:29	73 bpm (Regular)
10/03/2019 08:15	82 bpm (Regular)
10/03/2019 08:00	78 bpm (Regular)
10/02/2019 20:15	79 bpm (Regular)
10/02/2019 20:00	92 bpm (Regular)
10/02/2019 16:15	82 bpm (Regular)
10/02/2019 16:00	75 bpm (Regular)
10/02/2019 12:38	74 bpm (Regular)
10/01/2019 20:18	77 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
10/01/2019 12:16	79 bpm (Regular)
10/01/2019 12:00	76 bpm (Regular)
10/01/2019 11:01	80 bpm (Regular)
10/01/2019 08:15	76 bpm (Regular)
10/01/2019 08:00	78 bpm (Regular)
09/30/2019 14:12	87 bpm (Regular)
09/30/2019 10:02	68 bpm (Regular)
09/29/2019 08:31	77 bpm (Regular)
09/28/2019 20:53	79 bpm (Regular)
09/28/2019 10:44	88 bpm (Regular)
09/27/2019 11:29	93 bpm (Regular)
09/26/2019 12:15	76 bpm (Regular)
09/26/2019 12:00	75 bpm (Regular)
09/26/2019 11:10	84 bpm (Regular)
09/26/2019 08:15	82 bpm (Regular)
09/26/2019 08:00	80 bpm (Regular)
09/25/2019 20:15	89 bpm (Regular)
09/25/2019 20:00	78 bpm (Regular)
09/25/2019 16:16	84 bpm (Regular)
09/25/2019 16:00	89 bpm (Regular)
09/25/2019 12:15	84 bpm (Regular)
09/25/2019 12:00	78 bpm (Regular)
09/25/2019 11:59	78 bpm (Regular)
09/25/2019 08:16	83 bpm (Regular)
09/25/2019 08:05	82 bpm (Regular)
09/24/2019 19:25	79 bpm (Regular)
09/24/2019 16:19	78 bpm (Regular)
09/24/2019 12:16	84 bpm (Regular)
09/24/2019 12:00	82 bpm (Regular)
09/24/2019 11:42	77 bpm (Regular)
09/24/2019 08:15	89 bpm (Regular)
09/24/2019 08:13	88 bpm (Regular)
09/23/2019 12:53	70 bpm (Regular)
09/23/2019 12:20	80 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/23/2019 12:05	78 bpm (Regular)
09/23/2019 11:15	82 bpm (Regular)
09/23/2019 08:00	78 bpm (Regular)
09/22/2019 09:09	70 bpm (Regular)
09/21/2019 21:17	69 bpm (Regular)
09/21/2019 09:34	82 bpm (Regular)
09/20/2019 16:15	86 bpm (Regular)
09/20/2019 15:15	85 bpm (Regular)
09/20/2019 15:00	80 bpm (Regular)
09/20/2019 10:41	95 bpm (Regular)
09/20/2019 08:15	78 bpm (Regular)
09/20/2019 08:00	78 bpm (Regular)
09/19/2019 17:33	76 bpm (Regular)
09/19/2019 12:15	84 bpm (Regular)
09/19/2019 12:00	84 bpm (Regular)
09/19/2019 11:02	81 bpm (Regular)
09/19/2019 08:15	84 bpm (Regular)
09/19/2019 08:00	82 bpm (Regular)
09/18/2019 12:26	75 bpm (Regular)
09/18/2019 12:15	84 bpm (Regular)
09/18/2019 12:00	83 bpm (Regular)
09/18/2019 08:15	82 bpm (Regular)
09/18/2019 08:00	74 bpm (Regular)
09/17/2019 22:01	84 bpm (Regular)
09/17/2019 21:59	84 bpm (Regular)
09/17/2019 21:58	84 bpm (Regular)
09/17/2019 21:55	84 bpm (Regular)
09/17/2019 12:29	82 bpm (Regular)
09/17/2019 12:15	84 bpm (Regular)
09/17/2019 08:15	83 bpm (Regular)
09/17/2019 08:08	83 bpm (Regular)
09/17/2019 08:00	82 bpm (Regular)
09/16/2019 20:15	78 bpm (Regular)
09/16/2019 20:00	82 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/16/2019 16:15	80 bpm (Regular)
09/16/2019 16:00	78 bpm (Regular)
09/16/2019 12:29	80 bpm (Regular)
09/15/2019 08:57	87 bpm (Regular)
09/14/2019 09:33	86 bpm (Regular)
09/14/2019 08:00	85 bpm (Regular)
09/13/2019 13:37	83 bpm (Regular)
09/13/2019 08:59	70 bpm (Regular)
09/13/2019 08:58	66 bpm (Regular)
09/13/2019 07:30	78 bpm (Regular)
09/13/2019 07:28	72 bpm (Regular)
09/13/2019 07:27	76 bpm (Regular)
09/12/2019 20:29	66 bpm (Regular)
09/12/2019 13:54	80 bpm (Regular)
09/12/2019 12:48	95 bpm (Regular)
09/12/2019 09:39	80 bpm (Regular)
09/12/2019 09:38	78 bpm (Regular)
09/12/2019 04:55	80 bpm (Regular)
09/11/2019 20:30	107 bpm (Regular)
09/11/2019 19:45	70 bpm (Regular)
09/11/2019 19:44	78 bpm (Regular)
09/11/2019 19:41	82 bpm (Regular)
09/11/2019 19:41	80 bpm (Regular)
09/11/2019 14:14	82 bpm (Regular)
09/11/2019 13:49	83 bpm (Regular)
09/11/2019 11:36	80 bpm (Regular)
09/11/2019 11:35	78 bpm (Regular)
09/10/2019 21:56	72 bpm (Regular)
09/10/2019 21:55	76 bpm (Regular)
09/10/2019 17:27	76 bpm (Regular)
09/10/2019 17:26	78 bpm (Regular)
09/10/2019 13:52	81 bpm (Regular)
09/10/2019 11:46	82 bpm (Regular)
09/10/2019 11:42	80 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/10/2019 08:19	90 bpm (Regular)
09/10/2019 08:17	86 bpm (Regular)
09/09/2019 12:43	85 bpm (Regular)
09/08/2019 15:43	77 bpm (Regular)
09/08/2019 07:20	67 bpm (Regular)
09/07/2019 20:21	72 bpm (Regular)
09/07/2019 20:15	77 bpm (Regular)
09/07/2019 12:08	84 bpm (Regular)
09/07/2019 09:15	82 bpm (Regular)
09/06/2019 20:07	84 bpm (Regular)
09/06/2019 16:05	82 bpm (Regular)
09/06/2019 15:39	84 bpm (Regular)
09/06/2019 13:24	80 bpm (Regular)
09/05/2019 21:13	92 bpm (Regular)
09/05/2019 17:10	90 bpm (Regular)
09/05/2019 17:08	88 bpm (Regular)
09/05/2019 16:13	86 bpm (Regular)
09/05/2019 14:33	89 bpm (Regular)
09/05/2019 12:00	86 bpm (Regular)
09/05/2019 08:15	93 bpm (Regular)
09/05/2019 08:00	82 bpm (Regular)
09/04/2019 21:07	72 bpm (Regular)
09/04/2019 16:25	70 bpm (Regular)
09/04/2019 15:56	75 bpm (Regular)
09/04/2019 15:04	84 bpm (Regular)
09/03/2019 12:15	83 bpm (Regular)
09/03/2019 12:00	82 bpm (Regular)
09/03/2019 08:15	83 bpm (Regular)
09/03/2019 08:00	78 bpm (Regular)
09/02/2019 21:05	86 bpm (Regular)
09/02/2019 21:05	76 bpm (Regular)
09/02/2019 16:15	83 bpm (Regular)
09/02/2019 16:00	82 bpm (Regular)
09/02/2019 11:08	80 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/02/2019 08:18	82 bpm (Regular)
09/02/2019 08:00	80 bpm (Regular)
09/01/2019 13:44	83 bpm (Regular)
09/01/2019 12:00	82 bpm (Regular)
09/01/2019 10:20	74 bpm (Regular)
09/01/2019 10:03	74 bpm (Regular)
08/31/2019 08:39	78 bpm (Regular)
08/30/2019 11:37	80 bpm (Regular)
08/30/2019 09:02	82 bpm (Regular)
08/30/2019 09:01	80 bpm (Regular)
08/29/2019 13:02	86 bpm (Regular)
08/28/2019 20:46	80 bpm (Regular)
08/28/2019 20:44	76 bpm (Regular)
08/28/2019 19:04	75 bpm (Regular)
08/28/2019 18:47	75 bpm (Regular)
08/28/2019 16:00	73 bpm (Regular)
08/28/2019 14:09	72 bpm (Regular)
08/28/2019 13:53	76 bpm (Regular)
08/28/2019 13:52	78 bpm (Regular)
08/28/2019 08:17	82 bpm (Regular)
08/28/2019 08:04	80 bpm (Regular)
08/27/2019 20:10	89 bpm (Regular)
08/27/2019 18:59	70 bpm (Regular)
08/27/2019 16:43	72 bpm (Regular)
08/27/2019 14:16	87 bpm (Regular)
08/27/2019 11:38	82 bpm (Regular)
08/27/2019 11:38	80 bpm (Regular)
08/27/2019 08:35	72 bpm (Regular)
08/26/2019 21:58	68 bpm (Regular)
08/26/2019 21:56	68 bpm (Regular)
08/26/2019 21:47	78 bpm (Regular)
08/26/2019 21:46	68 bpm (Regular)
08/26/2019 21:44	76 bpm (Regular)
08/26/2019 21:43	78 bpm (Regular)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
08/26/2019 14:41	72 bpm (Regular)
08/26/2019 09:58	88 bpm (Regular)
08/25/2019 14:23	92 bpm (Regular)
08/24/2019 07:22	78 bpm (Regular)
08/23/2019 15:40	89 bpm (Regular)
08/23/2019 07:19	75 bpm (Regular)
08/22/2019 20:29	80 bpm (Regular)
08/22/2019 20:26	80 bpm (Regular)
08/22/2019 17:15	80 bpm (Regular)
08/22/2019 17:14	76 bpm (Regular)
08/22/2019 17:14	80 bpm (Regular)
08/22/2019 14:19	76 bpm (Regular)
08/22/2019 14:18	74 bpm (Regular)
08/22/2019 11:22	90 bpm (Regular)
08/22/2019 10:56	74 bpm (Regular)
08/22/2019 10:54	72 bpm (Regular)
08/21/2019 19:53	66 bpm (Regular)
08/21/2019 19:52	73 bpm (Regular)
08/21/2019 19:50	75 bpm (Regular)
08/21/2019 17:27	76 bpm (Regular)
08/21/2019 17:26	79 bpm (Regular)
08/21/2019 17:25	76 bpm (Regular)
08/21/2019 16:24	78 bpm (Regular)
08/21/2019 16:23	88 bpm (Regular)
08/21/2019 12:03	90 bpm (Regular)
08/21/2019 07:22	82 bpm (Regular)
08/20/2019 22:22	90 bpm (Regular)
08/20/2019 14:41	89 bpm (Regular)
08/20/2019 13:39	74 bpm (Regular)
08/20/2019 13:38	78 bpm (Regular)
08/19/2019 17:29	86 bpm (Regular)
08/19/2019 13:55	81 bpm (Regular)
08/17/2019 09:04	89 bpm (Regular)
08/16/2019 21:26	92 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
08/16/2019 16:42	82 bpm (Regular)
08/16/2019 15:22	78 bpm (Regular)
08/16/2019 14:56	91 bpm (Regular)
08/16/2019 07:45	78 bpm (Regular)
08/15/2019 21:59	80 bpm (Regular)
08/15/2019 21:58	80 bpm (Regular)
08/15/2019 13:10	85 bpm (Regular)
08/15/2019 11:42	78 bpm (Regular)
08/15/2019 01:48	90 bpm (Regular)
08/15/2019 01:47	88 bpm (Regular)
08/14/2019 13:07	90 bpm (Regular)
08/14/2019 11:44	83 bpm (Regular)
08/14/2019 11:43	80 bpm (Regular)
08/14/2019 00:47	88 bpm (Regular)
08/13/2019 14:00	90 bpm (Regular)
08/13/2019 07:35	78 bpm (Regular)
08/13/2019 00:33	95 bpm (Regular)
08/13/2019 00:33	94 bpm (Regular)
08/12/2019 13:45	95 bpm (Regular)
08/12/2019 13:28	80 bpm (Regular)
08/12/2019 11:01	83 bpm (Regular)
08/11/2019 18:05	75 bpm (Regular)
08/11/2019 11:28	77 bpm (Regular)
08/11/2019 08:33	78 bpm (Regular)
08/11/2019 08:24	80 bpm (Regular)
08/10/2019 19:57	75 bpm (Regular)
08/10/2019 09:26	76 bpm (Regular)
08/09/2019 12:56	78 bpm (Regular)
08/09/2019 08:40	85 bpm (Regular)
08/09/2019 02:29	85 bpm (Regular)
08/09/2019 02:28	85 bpm (Regular)
08/08/2019 14:47	85 bpm (Regular)
08/08/2019 14:12	80 bpm (Regular)
08/07/2019 13:02	92 bpm (Regular)

Only vitals with data are displayed



Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
08/07/2019 11:02	92 bpm (Regular)
08/07/2019 07:42	92 bpm (Regular)
08/06/2019 15:10	80 bpm (Regular)
08/06/2019 12:26	91 bpm (Regular)
08/06/2019 10:24	76 bpm (Regular)
08/06/2019 01:02	80 bpm (Regular)
08/06/2019 01:01	80 bpm (Regular)
08/05/2019 14:34	80 bpm (Regular)
08/05/2019 12:27	80 bpm (Regular)
08/04/2019 10:03	80 bpm (Regular)
08/03/2019 16:01	79 bpm (Regular)
08/03/2019 12:20	78 bpm (Regular)
08/02/2019 18:46	84 bpm (Regular)
08/02/2019 15:07	85 bpm (Regular)
08/01/2019 11:59	92 bpm (Regular)
08/01/2019 07:36	77 bpm (Regular)
07/31/2019 20:20	85 bpm (Regular)
07/31/2019 20:19	85 bpm (Regular)
07/31/2019 13:57	85 bpm (Regular)
07/31/2019 12:25	88 bpm (Regular)
07/31/2019 08:57	78 bpm (Regular)
07/30/2019 22:43	75 bpm (Regular)
07/30/2019 17:03	74 bpm (Regular)
07/30/2019 12:41	73 bpm (Regular)
07/30/2019 11:13	82 bpm (Regular)
07/30/2019 09:25	78 bpm (Regular)
07/29/2019 21:51	75 bpm (Regular)
07/29/2019 18:52	75 bpm (Regular)
07/29/2019 14:58	75 bpm (Regular)
07/29/2019 11:10	75 bpm (Regular)
07/29/2019 11:05	76 bpm (Regular)
07/28/2019 16:17	71 bpm (Regular)
07/28/2019 09:41	76 bpm (Regular)
07/27/2019 23:22	75 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

**Resident: Norman, Ella (32397)****Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight****Effective Date Range: 01/01/2018 - 03/27/2020**

<u>Date</u>	<u>Value</u>
07/27/2019 16:21	77 bpm (Regular)
07/27/2019 08:50	78 bpm (Regular)
07/26/2019 21:34	71 bpm (Regular)
07/26/2019 17:11	70 bpm (Regular)
07/26/2019 10:06	68 bpm (Regular)
07/25/2019 19:05	77 bpm (Regular)
07/25/2019 19:04	76 bpm (Regular)
07/25/2019 10:34	76 bpm (Regular)
07/25/2019 09:39	87 bpm (Regular)
07/24/2019 19:36	79 bpm (Regular)
07/24/2019 19:33	77 bpm (Regular)
07/24/2019 09:18	78 bpm (Regular)
07/23/2019 22:58	79 bpm (Regular)
07/23/2019 22:58	78 bpm (Regular)
07/23/2019 17:02	78 bpm (Regular)
07/23/2019 14:25	76 bpm (Regular)
07/23/2019 08:42	75 bpm (Regular)
07/22/2019 20:01	90 bpm (Regular)
07/22/2019 17:28	90 bpm (Regular)
07/22/2019 14:43	91 bpm (Regular)
07/22/2019 11:00	81 bpm (Regular)
07/22/2019 09:08	82 bpm (Regular)
07/21/2019 16:31	75 bpm (Regular)
07/21/2019 08:29	78 bpm (Regular)
07/20/2019 11:47	80 bpm (Regular)
07/19/2019 19:33	85 bpm (Regular)
07/19/2019 16:45	86 bpm (Regular)
07/19/2019 14:32	89 bpm (Regular)
07/19/2019 14:31	86 bpm (Regular)
07/19/2019 14:30	76 bpm (Regular)
07/18/2019 21:28	85 bpm (Regular)
07/18/2019 21:25	85 bpm (Regular)
07/18/2019 13:56	85 bpm (Regular)
07/17/2019 14:07	86 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

**Resident: Norman, Ella (32397)****Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight****Effective Date Range: 01/01/2018 - 03/27/2020**

<u>Date</u>	<u>Value</u>
07/17/2019 10:06	86 bpm (Regular)
07/16/2019 22:41	90 bpm (Regular)
07/16/2019 22:38	90 bpm (Regular)
07/16/2019 12:57	90 bpm (Regular)
07/16/2019 11:48	82 bpm (Regular)
07/16/2019 11:47	78 bpm (Regular)
07/15/2019 22:23	76 bpm (Regular)
07/15/2019 18:27	75 bpm (Regular)
07/15/2019 12:58	82 bpm (Regular)
07/15/2019 11:20	78 bpm (Regular)
07/15/2019 10:49	78 bpm (Regular)
07/14/2019 09:26	76 bpm (Regular)
07/13/2019 16:50	78 bpm (Regular)
07/12/2019 21:41	80 bpm (Regular)
07/12/2019 18:19	80 bpm (Regular)
07/12/2019 14:26	80 bpm (Regular)
07/12/2019 07:50	78 bpm (Regular)
07/11/2019 22:51	90 bpm (Regular)
07/11/2019 18:38	90 bpm (Regular)
07/11/2019 14:20	90 bpm (Regular)
07/11/2019 12:01	83 bpm (Regular)
07/11/2019 12:01	82 bpm (Regular)
07/10/2019 21:39	87 bpm (Regular)
07/10/2019 16:57	87 bpm (Regular)
07/10/2019 13:02	88 bpm (Regular)
07/10/2019 11:07	79 bpm (Regular)
07/10/2019 11:07	82 bpm (Regular)
07/09/2019 23:56	80 bpm (Regular)
07/09/2019 23:55	80 bpm (Regular)
07/09/2019 14:02	82 bpm (Regular)
07/09/2019 13:18	80 bpm (Regular)
07/08/2019 21:31	82 bpm (Regular)
07/08/2019 17:18	83 bpm (Regular)
07/08/2019 13:04	72 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

**Resident: Norman, Ella (32397)****Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight****Effective Date Range: 01/01/2018 - 03/27/2020**

<u>Date</u>	<u>Value</u>
07/08/2019 11:08	82 bpm (Regular)
07/08/2019 11:08	78 bpm (Regular)
07/07/2019 19:06	78 bpm (Regular)
07/07/2019 10:03	86 bpm (Regular)
07/06/2019 09:06	88 bpm (Regular)
07/05/2019 17:29	78 bpm (Regular)
07/05/2019 14:50	78 bpm (Regular)
07/05/2019 14:29	76 bpm (Regular)
07/05/2019 14:27	75 bpm (Regular)
07/04/2019 20:52	82 bpm (Regular)
07/04/2019 20:50	82 bpm (Regular)
07/04/2019 13:06	82 bpm (Regular)
07/04/2019 11:46	86 bpm (Regular)
07/04/2019 11:46	78 bpm (Regular)
07/04/2019 02:25	60 bpm (Regular)
07/03/2019 17:35	78 bpm (Regular)
07/03/2019 14:32	90 bpm (Regular)
07/03/2019 11:57	86 bpm (Regular)
07/03/2019 11:57	82 bpm (Regular)
07/02/2019 19:01	91 bpm (Regular)
07/02/2019 18:59	90 bpm (Regular)
07/02/2019 12:39	90 bpm (Regular)
07/02/2019 11:12	89 bpm (Regular)
07/02/2019 11:12	75 bpm (Regular)
07/01/2019 23:55	85 bpm (Regular)
07/01/2019 17:27	85 bpm (Regular)
07/01/2019 12:07	85 bpm (Regular)
07/01/2019 11:31	78 bpm (Regular)
07/01/2019 10:58	82 bpm (Regular)
06/30/2019 12:41	74 bpm (Regular)
06/29/2019 09:14	88 bpm (Regular)
06/28/2019 22:14	90 bpm (Regular)
06/28/2019 18:26	91 bpm (Regular)
06/28/2019 11:59	92 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
06/27/2019 23:10	78 bpm (Regular)
06/27/2019 17:03	78 bpm (Regular)
06/27/2019 16:19	78 bpm (Regular)
06/27/2019 16:15	78 bpm (Regular)
06/27/2019 11:47	87 bpm (Regular)
06/26/2019 20:09	80 bpm (Regular)
06/26/2019 18:38	80 bpm (Regular)
06/26/2019 18:13	81 bpm (Regular)
06/26/2019 11:49	78 bpm (Regular)
06/26/2019 09:49	82 bpm (Regular)
06/25/2019 19:45	75 bpm (Regular)
06/25/2019 19:44	74 bpm (Regular)
06/25/2019 14:20	75 bpm (Regular)
06/25/2019 09:33	80 bpm (Regular)
06/24/2019 22:34	88 bpm (Regular)
06/24/2019 16:41	88 bpm (Regular)
06/24/2019 12:18	89 bpm (Regular)
06/24/2019 09:48	82 bpm (Regular)
06/23/2019 20:52	76 bpm (Regular)
06/23/2019 12:26	74 bpm (Regular)
06/23/2019 08:25	73 bpm (Regular)
06/22/2019 09:08	72 bpm (Regular)
06/21/2019 18:08	78 bpm (Regular)
06/21/2019 14:18	78 bpm (Regular)
06/21/2019 14:18	83 bpm (Regular)
06/21/2019 11:35	89 bpm (Regular)
06/21/2019 02:41	86 bpm (Regular)
06/21/2019 02:36	87 bpm (Regular)
06/20/2019 14:52	87 bpm (Regular)
06/20/2019 10:30	76 bpm (Regular)
06/19/2019 23:43	87 bpm (Regular)
06/19/2019 17:54	87 bpm (Regular)
06/19/2019 14:56	88 bpm (Regular)
06/19/2019 08:00	84 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
06/18/2019 20:36	82 bpm (Regular)
06/18/2019 16:36	80 bpm (Regular)
06/18/2019 16:21	80 bpm (Regular)
06/18/2019 14:52	88 bpm (Regular)
06/18/2019 12:21	82 bpm (Regular)
06/17/2019 22:33	83 bpm (Regular)
06/17/2019 11:45	84 bpm (Regular)
06/16/2019 19:53	77 bpm (Regular)
06/16/2019 09:32	70 bpm (Regular)
06/15/2019 09:10	72 bpm (Regular)
06/14/2019 17:17	78 bpm (Regular)
06/14/2019 12:45	80 bpm (Regular)
06/14/2019 12:44	78 bpm (Regular)
06/14/2019 11:31	94 bpm (Regular)
06/13/2019 19:02	86 bpm (Regular)
06/13/2019 17:53	87 bpm (Regular)
06/13/2019 13:16	87 bpm (Regular)
06/12/2019 22:24	86 bpm (Regular)
06/12/2019 22:23	87 bpm (Regular)
06/12/2019 12:41	87 bpm (Regular)
06/11/2019 22:47	84 bpm (Regular)
06/11/2019 22:47	82 bpm (Regular)
06/11/2019 12:35	82 bpm (Regular)
06/11/2019 11:03	75 bpm (Regular)
06/11/2019 10:50	82 bpm (Regular)
06/10/2019 22:38	74 bpm (Regular)
06/10/2019 19:00	73 bpm (Regular)
06/10/2019 12:51	72 bpm (Regular)
06/10/2019 11:46	75 bpm (Regular)
06/10/2019 11:45	78 bpm (Regular)
06/09/2019 21:05	66 bpm (Regular)
06/09/2019 11:22	72 bpm (Regular)
06/09/2019 08:52	76 bpm (Regular)
06/09/2019 08:45	81 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
06/08/2019 17:17	78 bpm (Regular)
06/08/2019 11:53	72 bpm (Regular)
06/08/2019 09:00	80 bpm (Regular)
06/08/2019 08:35	84 bpm (Regular)
06/07/2019 23:39	78 bpm (Regular)
06/07/2019 19:17	78 bpm (Regular)
06/07/2019 08:56	79 bpm (Regular)
06/06/2019 21:04	74 bpm (Regular)
06/06/2019 21:03	74 bpm (Regular)
06/06/2019 12:06	75 bpm (Regular)
06/06/2019 11:54	74 bpm (Regular)
06/06/2019 08:58	82 bpm (Regular)
06/05/2019 12:00	77 bpm (Regular)
06/05/2019 11:27	83 bpm (Regular)
06/05/2019 07:30	75 bpm (Regular)
06/04/2019 16:21	74 bpm (Regular)
06/04/2019 11:47	83 bpm (Regular)
06/03/2019 12:22	83 bpm (Regular)
06/03/2019 11:25	80 bpm (Regular)
06/03/2019 08:00	75 bpm (Regular)
06/02/2019 17:13	69 bpm (Regular)
06/02/2019 08:34	70 bpm (Regular)
06/01/2019 19:33	72 bpm (Regular)
06/01/2019 08:49	88 bpm (Regular)
05/31/2019 20:46	92 bpm (Regular)
05/31/2019 16:00	94 bpm (Regular)
05/31/2019 14:36	92 bpm (Regular)
05/31/2019 11:50	84 bpm (Regular)
05/31/2019 07:49	78 bpm (Regular)
05/30/2019 13:56	89 bpm (Regular)
05/30/2019 11:42	78 bpm (Regular)
05/30/2019 10:20	78 bpm (Regular)
05/29/2019 12:00	82 bpm (Regular)
05/29/2019 10:42	91 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
05/28/2019 12:00	60 bpm (Regular)
05/28/2019 10:48	90 bpm (Regular)
05/27/2019 14:30	85 bpm (Regular)
05/27/2019 09:46	78 bpm (Regular)
05/26/2019 17:50	79 bpm (Regular)
05/26/2019 09:42	76 bpm (Regular)
05/26/2019 08:52	75 bpm (Regular)
05/26/2019 08:41	76 bpm (Regular)
05/25/2019 11:17	78 bpm (Regular)
05/24/2019 11:45	82 bpm (Regular)
05/24/2019 11:37	70 bpm (Regular)
05/24/2019 08:36	78 bpm (Regular)
05/23/2019 14:52	80 bpm (Regular)
05/23/2019 11:29	76 bpm (Regular)
05/22/2019 18:16	78 bpm (Regular)
05/22/2019 12:13	75 bpm (Regular)
05/22/2019 11:51	80 bpm (Regular)
05/22/2019 11:13	78 bpm (Regular)
05/21/2019 11:42	84 bpm (Regular)
05/20/2019 20:11	65 bpm (Regular)
05/20/2019 20:11	79 bpm (Regular)
05/20/2019 11:22	78 bpm (Regular)
05/19/2019 19:55	72 bpm (Regular)
05/19/2019 16:17	84 bpm (Regular)
05/19/2019 08:40	76 bpm (Regular)
05/18/2019 20:56	76 bpm (Regular)
05/18/2019 16:04	84 bpm (Regular)
05/18/2019 12:54	86 bpm (Regular)
05/18/2019 09:36	88 bpm (Regular)
05/18/2019 08:06	71 bpm (Regular)
05/17/2019 12:03	76 bpm (Regular)
05/17/2019 10:32	87 bpm (Regular)
05/16/2019 14:01	75 bpm (Regular)
05/16/2019 11:06	85 bpm (Regular)

Only vitals with data are displayed



Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
05/16/2019 09:49	80 bpm (Regular)
05/16/2019 02:39	76 bpm (Regular)
05/15/2019 13:12	78 bpm (Regular)
05/15/2019 11:04	81 bpm (Regular)
05/15/2019 10:07	76 bpm (Regular)
05/14/2019 13:14	86 bpm (Regular)
05/14/2019 09:22	82 bpm (Regular)
05/14/2019 01:06	73 bpm (Regular)
05/13/2019 14:37	75 bpm (Regular)
05/13/2019 11:18	87 bpm (Regular)
05/13/2019 09:03	98 bpm (Regular)
05/13/2019 01:19	80 bpm (Regular)
05/12/2019 09:22	70 bpm (Regular)
05/12/2019 01:13	77 bpm (Regular)
05/11/2019 02:06	77 bpm (Regular)
05/10/2019 10:42	77 bpm (Regular)
05/09/2019 14:37	92 bpm (Regular)
05/09/2019 08:39	105 bpm (Regular)
05/08/2019 14:27	77 bpm (Regular)
05/08/2019 12:05	75 bpm (Regular)
05/08/2019 01:15	81 bpm (Regular)
05/07/2019 09:03	80 bpm (Regular)
05/07/2019 08:13	86 bpm (Regular)
05/07/2019 02:55	71 bpm (Regular)
05/06/2019 22:38	70 bpm (Regular)
05/06/2019 22:37	74 bpm (Regular)
05/06/2019 08:41	82 bpm (Regular)
05/06/2019 01:03	74 bpm (Regular)
05/05/2019 20:54	69 bpm (Regular)
05/05/2019 20:53	68 bpm (Regular)
05/05/2019 09:59	74 bpm (Regular)
05/05/2019 08:34	76 bpm (Regular)
05/05/2019 01:30	85 bpm (Regular)
05/04/2019 18:49	68 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
05/04/2019 18:43	77 bpm (Regular)
05/04/2019 11:13	71 bpm (Regular)
05/04/2019 09:38	68 bpm (Regular)
05/03/2019 23:09	72 bpm (Regular)
05/03/2019 23:06	78 bpm (Regular)
05/03/2019 14:23	96 bpm (Regular)
05/02/2019 12:21	78 bpm (Regular)
05/02/2019 09:16	80 bpm (Regular)
05/02/2019 07:20	80 bpm (Regular)
05/02/2019 01:26	82 bpm (Regular)
05/01/2019 22:52	80 bpm (Regular)
05/01/2019 22:51	85 bpm (Regular)
05/01/2019 12:25	78 bpm (Regular)
05/01/2019 11:57	76 bpm (Regular)
05/01/2019 08:24	82 bpm (Regular)
05/01/2019 01:30	78 bpm (Regular)
04/30/2019 21:02	70 bpm (Regular)
04/30/2019 21:01	78 bpm (Regular)
04/30/2019 14:41	82 bpm (Regular)
04/30/2019 11:42	82 bpm (Regular)
04/30/2019 09:04	78 bpm (Regular)
04/30/2019 09:01	78 bpm (Regular)
04/30/2019 08:59	78 bpm (Regular)
04/30/2019 01:44	89 bpm (Regular)
04/29/2019 20:05	72 bpm (Regular)
04/29/2019 20:05	78 bpm (Regular)
04/29/2019 11:20	92 bpm (Regular)
04/29/2019 01:39	83 bpm (Regular)
04/28/2019 19:33	78 bpm (Regular)
04/28/2019 00:59	74 bpm (Regular)
04/27/2019 18:59	78 bpm (Regular)
04/27/2019 16:36	71 bpm (Regular)
04/27/2019 16:16	72 bpm (Regular)
04/27/2019 09:11	78 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/27/2019 00:27	72 bpm (Regular)
04/26/2019 13:35	87 bpm (Regular)
04/26/2019 01:21	92 bpm (Regular)
04/25/2019 19:38	75 bpm (Regular)
04/25/2019 19:38	70 bpm (Regular)
04/25/2019 19:37	77 bpm (Regular)
04/25/2019 12:41	80 bpm (Regular)
04/25/2019 08:43	76 bpm (Regular)
04/25/2019 08:35	77 bpm (Regular)
04/25/2019 01:05	82 bpm (Regular)
04/24/2019 14:59	75 bpm (Regular)
04/24/2019 14:58	75 bpm (Regular)
04/24/2019 14:58	80 bpm (Regular)
04/24/2019 12:29	84 bpm (Regular)
04/24/2019 09:13	75 bpm (Regular)
04/24/2019 08:44	82 bpm (Regular)
04/24/2019 00:54	86 bpm (Regular)
04/23/2019 22:55	75 bpm (Regular)
04/23/2019 22:54	70 bpm (Regular)
04/23/2019 22:53	75 bpm (Regular)
04/23/2019 16:50	90 bpm (Regular)
04/23/2019 01:22	79 bpm (Regular)
04/22/2019 15:50	75 bpm (Regular)
04/22/2019 15:50	74 bpm (Regular)
04/22/2019 13:53	80 bpm (Regular)
04/21/2019 16:20	76 bpm (Regular)
04/21/2019 11:22	82 bpm (Regular)
04/20/2019 20:38	79 bpm (Regular)
04/20/2019 15:37	79 bpm (Regular)
04/20/2019 15:01	76 bpm (Regular)
04/20/2019 12:58	76 bpm (Regular)
04/20/2019 09:18	75 bpm (Regular)
04/20/2019 01:03	77 bpm (Regular)
04/19/2019 21:53	62 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/19/2019 21:52	77 bpm (Regular)
04/19/2019 09:26	83 bpm (Regular)
04/19/2019 00:44	77 bpm (Regular)
04/18/2019 21:03	78 bpm (Regular)
04/18/2019 19:02	76 bpm (Regular)
04/18/2019 19:00	78 bpm (Regular)
04/18/2019 19:00	75 bpm (Regular)
04/18/2019 00:49	79 bpm (Regular)
04/17/2019 21:41	82 bpm (Regular)
04/17/2019 21:40	85 bpm (Regular)
04/17/2019 16:17	75 bpm (Regular)
04/17/2019 16:16	80 bpm (Regular)
04/17/2019 16:15	82 bpm (Regular)
04/17/2019 01:36	69 bpm (Regular)
04/17/2019 00:20	65 bpm (Regular)
04/17/2019 00:19	70 bpm (Regular)
04/16/2019 16:43	75 bpm (Regular)
04/16/2019 16:41	72 bpm (Regular)
04/16/2019 01:29	60 bpm (Regular)
04/15/2019 22:57	75 bpm (Regular)
04/15/2019 22:56	70 bpm (Regular)
04/15/2019 22:54	75 bpm (Regular)
04/15/2019 13:42	78 bpm (Regular)
04/15/2019 10:25	82 bpm (Regular)
04/15/2019 02:14	80 bpm (Regular)
04/14/2019 20:31	80 bpm (Regular)
04/14/2019 16:29	78 bpm (Regular)
04/14/2019 09:55	80 bpm (Regular)
04/14/2019 01:48	84 bpm (Regular)
04/13/2019 19:12	82 bpm (Regular)
04/13/2019 19:11	82 bpm (Regular)
04/13/2019 14:14	77 bpm (Regular)
04/13/2019 12:13	80 bpm (Regular)
04/13/2019 09:23	78 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/13/2019 06:46	73 bpm (Regular)
04/12/2019 21:17	72 bpm (Regular)
04/12/2019 20:41	75 bpm (Regular)
04/12/2019 20:29	75 bpm (Regular)
04/12/2019 20:22	75 bpm (Regular)
04/12/2019 20:22	78 bpm (Regular)
04/12/2019 17:46	78 bpm (Regular)
04/12/2019 02:20	72 bpm (Regular)
04/11/2019 23:14	68 bpm (Regular)
04/11/2019 23:13	70 bpm (Regular)
04/11/2019 15:40	75 bpm (Regular)
04/11/2019 15:39	77 bpm (Regular)
04/10/2019 22:00	73 bpm (Regular)
04/10/2019 21:59	78 bpm (Regular)
04/10/2019 13:07	78 bpm (Regular)
04/10/2019 13:06	78 bpm (Regular)
04/09/2019 21:55	70 bpm (Regular)
04/09/2019 21:54	77 bpm (Regular)
04/09/2019 15:52	76 bpm (Regular)
04/09/2019 15:51	75 bpm (Regular)
04/08/2019 21:58	75 bpm (Regular)
04/08/2019 21:56	80 bpm (Regular)
04/08/2019 13:25	78 bpm (Regular)
04/08/2019 09:45	78 bpm (Regular)
04/07/2019 19:55	72 bpm (Regular)
04/07/2019 17:05	78 bpm (Regular)
04/07/2019 15:38	78 bpm (Regular)
04/07/2019 07:26	76 bpm (Regular)
04/06/2019 16:19	80 bpm (Regular)
04/06/2019 11:18	72 bpm (Regular)
04/06/2019 10:34	71 bpm (Regular)
04/05/2019 22:54	68 bpm (Regular)
04/05/2019 22:53	76 bpm (Regular)
04/04/2019 23:41	70 bpm (Regular)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

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Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

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<u>Date</u>	<u>Value</u>
04/04/2019 23:40	74 bpm (Regular)
04/04/2019 15:06	76 bpm (Regular)
04/04/2019 15:06	78 bpm (Regular)
04/03/2019 21:02	67 bpm (Regular)
04/03/2019 21:02	70 bpm (Regular)
04/03/2019 14:41	80 bpm (Regular)
04/03/2019 14:41	76 bpm (Regular)
04/02/2019 21:04	72 bpm (Regular)
04/02/2019 21:03	78 bpm (Regular)
04/02/2019 14:14	79 bpm (Regular)
04/02/2019 14:13	78 bpm (Regular)
04/01/2019 22:50	72 bpm (Regular)
04/01/2019 22:49	77 bpm (Regular)
03/31/2019 21:18	78 bpm (Regular)
03/31/2019 17:57	75 bpm (Regular)
03/30/2019 18:39	78 bpm (Regular)
03/30/2019 14:53	78 bpm (Regular)
03/30/2019 09:08	88 bpm (Regular)
03/29/2019 21:46	68 bpm (Regular)
03/29/2019 21:46	72 bpm (Regular)
03/29/2019 00:39	65 bpm (Regular)
03/29/2019 00:24	78 bpm (Regular)
03/27/2019 21:50	76 bpm (Regular)
03/27/2019 21:49	82 bpm (Regular)
03/27/2019 14:53	75 bpm (Regular)
03/27/2019 14:52	75 bpm (Regular)
03/26/2019 20:00	73 bpm (Regular)
03/26/2019 19:57	79 bpm (Regular)
03/25/2019 22:38	68 bpm (Regular)
03/25/2019 22:37	79 bpm (Regular)
03/25/2019 11:26	75 bpm (Regular)
03/25/2019 11:26	76 bpm (Regular)
03/24/2019 23:09	75 bpm (Regular)
03/24/2019 18:47	78 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
03/24/2019 14:18	76 bpm (Regular)
03/24/2019 09:36	79 bpm (Regular)
03/23/2019 21:46	77 bpm (Regular)
03/23/2019 18:14	77 bpm (Regular)
03/23/2019 11:42	71 bpm (Regular)
03/23/2019 08:16	74 bpm (Regular)
03/23/2019 01:05	72 bpm (Regular)
03/23/2019 01:04	77 bpm (Regular)
03/21/2019 20:46	68 bpm (Regular)
03/21/2019 20:44	73 bpm (Regular)
03/21/2019 18:53	80 bpm (Regular)
03/21/2019 18:52	87 bpm (Regular)
03/21/2019 17:06	75 bpm (Regular)
03/21/2019 10:50	7778 bpm (Regular)
03/20/2019 01:29	72 bpm (Regular)
03/20/2019 01:29	78 bpm (Regular)
03/19/2019 14:40	76 bpm (Regular)
03/19/2019 14:39	75 bpm (Regular)
03/18/2019 21:17	74 bpm (Regular)
03/18/2019 21:15	79 bpm (Regular)
03/18/2019 13:35	72 bpm (Regular)
03/18/2019 13:34	76 bpm (Regular)
03/17/2019 21:19	75 bpm (Regular)
03/17/2019 21:19	78 bpm (Regular)
03/17/2019 16:05	75 bpm (Regular)
03/17/2019 16:04	75 bpm (Regular)
03/17/2019 06:40	76 bpm (Regular)
03/17/2019 06:39	80 bpm (Regular)
03/16/2019 19:31	73 bpm (Regular)
03/16/2019 18:09	81 bpm (Regular)
03/16/2019 09:02	75 bpm (Regular)
03/15/2019 23:39	64 bpm (Regular)
03/15/2019 23:39	66 bpm (Regular)
03/15/2019 01:21	67 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
03/15/2019 01:20	74 bpm (Regular)
03/13/2019 21:45	62 bpm (Regular)
03/13/2019 21:44	68 bpm (Regular)
03/13/2019 00:44	64 bpm (Regular)
03/13/2019 00:43	67 bpm (Regular)
03/12/2019 13:09	60 bpm (Regular)
03/12/2019 13:08	65 bpm (Regular)
03/11/2019 23:50	67 bpm (Regular)
03/11/2019 23:49	70 bpm (Regular)
03/10/2019 22:17	78 bpm (Regular)
03/10/2019 22:17	75 bpm (Regular)
03/09/2019 09:55	66 bpm (Regular)
03/08/2019 21:27	65 bpm (Regular)
03/08/2019 21:25	68 bpm (Regular)
03/08/2019 13:29	76 bpm (Regular)
03/08/2019 13:29	75 bpm (Regular)
03/07/2019 20:59	62 bpm (Regular)
03/07/2019 20:57	67 bpm (Regular)
03/07/2019 14:01	74 bpm (Regular)
03/07/2019 07:59	78 bpm (Regular)
03/06/2019 22:23	76 bpm (Regular)
03/06/2019 22:22	75 bpm (Regular)
03/06/2019 21:00	78 bpm (Regular)
03/06/2019 21:00	76 bpm (Regular)
03/05/2019 22:53	65 bpm (Regular)
03/05/2019 22:52	69 bpm (Regular)
03/05/2019 11:24	80 bpm (Regular)
03/05/2019 10:19	75 bpm (Regular)
03/04/2019 23:43	66 bpm (Regular)
03/04/2019 23:42	70 bpm (Regular)
03/04/2019 16:47	110 bpm (Irregular - new onset)
03/04/2019 11:21	78 bpm (Regular)
03/04/2019 11:13	72 bpm (Regular)
03/03/2019 19:01	69 bpm (Regular)

Only vitals with data are displayed



## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
03/03/2019 18:17	79 bpm (Regular)
03/03/2019 12:54	83 bpm (Regular)
03/03/2019 09:05	83 bpm (Regular)
03/02/2019 19:38	79 bpm (Regular)
03/02/2019 17:07	68 bpm (Regular)
03/02/2019 17:06	68 bpm (Regular)
03/02/2019 16:27	78 bpm (Regular)
03/02/2019 00:06	68 bpm (Regular)
03/02/2019 00:05	71 bpm (Regular)
02/28/2019 21:55	60 bpm (Regular)
02/28/2019 18:38	73 bpm (Regular)
02/28/2019 13:52	75 bpm (Regular)
02/28/2019 13:51	70 bpm (Regular)
02/27/2019 21:45	65 bpm (Regular)
02/27/2019 21:43	78 bpm (Regular)
02/27/2019 11:11	76 bpm (Regular)
02/27/2019 08:10	76 bpm (Regular)
02/26/2019 23:46	66 bpm (Regular)
02/26/2019 23:46	76 bpm (Regular)
02/26/2019 13:30	75 bpm (Regular)
02/26/2019 13:30	76 bpm (Regular)
02/25/2019 21:45	68 bpm (Regular)
02/25/2019 21:44	72 bpm (Regular)
02/25/2019 14:32	75 bpm (Regular)
02/25/2019 14:32	74 bpm (Regular)
02/24/2019 21:58	68 bpm (Regular)
02/24/2019 21:58	70 bpm (Regular)
02/24/2019 11:00	74 bpm (Regular)
02/24/2019 09:24	72 bpm (Regular)
02/23/2019 23:15	70 bpm (Regular)
02/23/2019 23:14	72 bpm (Regular)
02/23/2019 11:09	66 bpm (Regular)
02/23/2019 09:18	64 bpm (Regular)
02/22/2019 23:49	65 bpm (Regular)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
02/22/2019 23:48	70 bpm (Regular)
02/22/2019 16:45	75 bpm (Regular)
02/22/2019 16:45	76 bpm (Regular)
02/22/2019 09:43	76 bpm (Regular)
02/22/2019 09:42	75 bpm (Regular)
02/21/2019 21:44	65 bpm (Regular)
02/21/2019 21:43	69 bpm (Regular)
02/20/2019 20:12	68 bpm (Regular)
02/20/2019 20:11	70 bpm (Regular)
02/20/2019 17:35	78 bpm (Regular)
02/20/2019 17:35	76 bpm (Regular)
02/19/2019 21:39	78 bpm (Regular)
02/19/2019 16:12	92 bpm (Regular)
02/19/2019 15:51	69 bpm (Regular)
02/19/2019 15:50	76 bpm (Regular)
02/18/2019 23:18	73 bpm (Regular)
02/18/2019 23:17	87 bpm (Regular)
02/18/2019 14:43	78 bpm (Regular)
02/17/2019 19:20	80 bpm (Regular)
02/17/2019 16:19	72 bpm (Regular)
02/17/2019 12:51	74 bpm (Regular)
02/17/2019 08:50	76 bpm (Regular)
02/16/2019 20:05	77 bpm (Regular)
02/16/2019 16:04	78 bpm (Regular)
02/16/2019 12:26	72 bpm (Regular)
02/16/2019 08:24	77 bpm (Regular)
02/15/2019 21:05	65 bpm (Regular)
02/15/2019 19:38	68 bpm (Regular)
02/14/2019 21:26	63 bpm (Regular)
02/14/2019 21:25	67 bpm (Regular)
02/14/2019 15:17	78 bpm (Regular)
02/14/2019 10:51	74 bpm (Regular)
02/14/2019 08:27	75 bpm (Regular)
02/13/2019 22:18	69 bpm (Regular)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
02/13/2019 22:17	73 bpm (Regular)
02/13/2019 07:56	78 bpm (Regular)
02/12/2019 20:10	60 bpm (Regular)
02/12/2019 17:58	72 bpm (Regular)
02/12/2019 09:33	74 bpm (Regular)
02/11/2019 20:11	62 bpm (Regular)
02/11/2019 20:09	69 bpm (Regular)
02/11/2019 13:38	75 bpm (Regular)
02/11/2019 09:45	74 bpm (Regular)
02/10/2019 19:30	74 bpm (Regular)
02/10/2019 16:27	79 bpm (Regular)
02/10/2019 11:24	78 bpm (Regular)
02/10/2019 10:52	81 bpm (Regular)
02/09/2019 21:16	78 bpm (Regular)
02/09/2019 16:16	77 bpm (Regular)
02/09/2019 12:32	77 bpm (Regular)
02/09/2019 08:22	71 bpm (Regular)
02/09/2019 00:30	65 bpm (Regular)
02/09/2019 00:29	69 bpm (Regular)
02/08/2019 12:20	78 bpm (Regular)
02/08/2019 12:18	78 bpm (Regular)
02/07/2019 20:08	66 bpm (Regular)
02/07/2019 17:23	70 bpm (Regular)
02/07/2019 14:19	74 bpm (Regular)
02/07/2019 14:18	78 bpm (Regular)
02/06/2019 19:28	69 bpm (Regular)
02/06/2019 19:25	73 bpm (Regular)
02/06/2019 15:23	74 bpm (Regular)
02/06/2019 09:39	78 bpm (Regular)
02/05/2019 22:33	67 bpm (Regular)
02/05/2019 22:29	71 bpm (Regular)
02/05/2019 16:55	76 bpm (Regular)
02/05/2019 16:55	74 bpm (Regular)
02/04/2019 21:23	66 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
02/04/2019 21:22	70 bpm (Regular)
02/04/2019 14:26	75 bpm (Regular)
02/04/2019 10:18	74 bpm (Regular)
02/03/2019 22:55	69 bpm (Regular)
02/03/2019 16:51	70 bpm (Regular)
02/03/2019 13:12	75 bpm (Regular)
02/03/2019 08:11	79 bpm (Regular)
02/02/2019 22:43	71 bpm (Regular)
02/02/2019 16:42	76 bpm (Regular)
02/02/2019 13:00	77 bpm (Regular)
02/02/2019 07:59	76 bpm (Regular)
02/01/2019 22:39	60 bpm (Regular)
02/01/2019 22:38	67 bpm (Regular)
02/01/2019 12:10	78 bpm (Regular)
02/01/2019 09:18	78 bpm (Regular)
01/31/2019 19:48	62 bpm (Regular)
01/31/2019 19:47	67 bpm (Regular)
01/31/2019 16:14	75 bpm (Regular)
01/31/2019 12:15	72 bpm (Regular)
01/31/2019 09:48	76 bpm (Regular)
01/30/2019 22:20	68 bpm (Regular)
01/30/2019 22:19	73 bpm (Regular)
01/30/2019 12:49	75 bpm (Regular)
01/29/2019 22:35	74 bpm (Regular)
01/29/2019 22:34	70 bpm (Regular)
01/29/2019 19:59	66 bpm (Regular)
01/29/2019 19:58	70 bpm (Regular)
01/29/2019 01:08	66 bpm (Regular)
01/29/2019 01:07	70 bpm (Regular)
01/28/2019 16:14	77 bpm (Regular)
01/28/2019 16:13	78 bpm (Regular)
01/27/2019 23:01	74 bpm (Regular)
01/27/2019 20:35	76 bpm (Regular)
01/27/2019 16:01	75 bpm (Regular)

Only vitals with data are displayed



## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/17/2019 10:16	74 bpm (Regular)
01/16/2019 10:00	74 bpm (Regular)
01/16/2019 00:40	79 bpm (Regular)
01/16/2019 00:28	65 bpm (Regular)
01/16/2019 00:28	72 bpm (Regular)
01/15/2019 08:47	74 bpm (Regular)
01/14/2019 20:09	69 bpm (Regular)
01/14/2019 20:05	73 bpm (Regular)
01/14/2019 11:06	78 bpm (Regular)
01/14/2019 09:51	74 bpm (Regular)
01/13/2019 20:54	75 bpm (Regular)
01/13/2019 18:16	79 bpm (Regular)
01/13/2019 11:07	76 bpm (Regular)
01/13/2019 10:13	79 bpm (Regular)
01/12/2019 19:13	77 bpm (Regular)
01/12/2019 17:47	75 bpm (Regular)
01/12/2019 12:39	79 bpm (Regular)
01/12/2019 08:41	77 bpm (Regular)
01/11/2019 19:31	66 bpm (Regular)
01/11/2019 18:55	72 bpm (Regular)
01/11/2019 12:38	75 bpm (Regular)
01/11/2019 09:17	78 bpm (Regular)
01/10/2019 20:47	68 bpm (Regular)
01/10/2019 18:09	70 bpm (Regular)
01/10/2019 15:04	77 bpm (Regular)
01/10/2019 08:49	78 bpm (Regular)
01/09/2019 19:00	65 bpm (Regular)
01/09/2019 17:49	70 bpm (Regular)
01/09/2019 14:39	78 bpm (Regular)
01/09/2019 09:10	80 bpm (Regular)
01/08/2019 18:13	68 bpm (Regular)
01/08/2019 13:47	80 bpm (Regular)
01/08/2019 08:30	87 bpm (Regular)
01/07/2019 17:55	74 bpm (Regular)

Only vitals with data are displayed

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/07/2019 17:55	80 bpm (Regular)
01/06/2019 22:08	72 bpm (Regular)
01/06/2019 16:26	68 bpm (Regular)
01/06/2019 14:27	74 bpm (Regular)
01/06/2019 07:14	77 bpm (Regular)
01/05/2019 22:11	76 bpm (Regular)
01/05/2019 22:08	74 bpm (Regular)
01/05/2019 13:35	77 bpm (Regular)
01/05/2019 09:40	74 bpm (Regular)
01/04/2019 19:44	74 bpm (Regular)
01/04/2019 19:43	72 bpm (Regular)
01/03/2019 19:26	76 bpm (Regular)
01/03/2019 17:51	78 bpm (Regular)
01/03/2019 17:29	82 bpm (Regular)
01/03/2019 10:29	76 bpm (Regular)
01/02/2019 19:59	68 bpm (Regular)
01/02/2019 19:58	72 bpm (Regular)
01/02/2019 17:36	78 bpm (Regular)
01/01/2019 20:48	64 bpm (Regular)
01/01/2019 20:47	67 bpm (Regular)
01/01/2019 14:32	76 bpm (Regular)
01/01/2019 14:31	75 bpm (Regular)
12/31/2018 21:30	78 bpm (Regular)
12/31/2018 21:29	77 bpm (Regular)
12/31/2018 16:14	74 bpm (Regular)
12/31/2018 08:44	85 bpm (Regular)
12/30/2018 21:40	73 bpm (Regular)
12/30/2018 18:07	72 bpm (Regular)
12/30/2018 12:50	68 bpm (Regular)
12/30/2018 08:55	70 bpm (Regular)
12/29/2018 19:28	72 bpm (Regular)
12/29/2018 15:04	74 bpm (Regular)
12/29/2018 12:12	69 bpm (Regular)
12/28/2018 22:20	86 bpm (Regular)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/28/2018 20:30	76 bpm (Regular)
12/28/2018 17:13	78 bpm (Regular)
12/28/2018 17:13	75 bpm (Regular)
12/27/2018 18:26	75 bpm (Regular)
12/27/2018 09:32	76 bpm (Regular)
12/26/2018 18:28	75 bpm (Regular)
12/26/2018 14:22	78 bpm (Regular)
12/26/2018 14:21	76 bpm (Regular)
12/25/2018 20:28	74 bpm (Regular)
12/25/2018 17:09	75 bpm (Regular)
12/25/2018 12:42	77 bpm (Regular)
12/25/2018 08:43	78 bpm (Regular)
12/25/2018 08:16	74 bpm (Regular)
12/25/2018 08:16	72 bpm (Regular)
12/24/2018 19:36	67 bpm (Regular)
12/23/2018 19:27	78 bpm (Regular)
12/23/2018 17:17	76 bpm (Regular)
12/23/2018 09:26	74 bpm (Regular)
12/22/2018 21:28	76 bpm (Regular)
12/22/2018 11:34	71 bpm (Regular)
12/22/2018 10:42	69 bpm (Regular)
12/21/2018 17:51	67 bpm (Regular)
12/21/2018 15:35	78 bpm (Regular)
12/21/2018 08:18	74 bpm (Regular)
12/20/2018 17:39	68 bpm (Regular)
12/20/2018 13:11	76 bpm (Regular)
12/20/2018 09:46	72 bpm (Regular)
12/19/2018 18:59	64 bpm (Regular)
12/19/2018 14:34	77 bpm (Regular)
12/19/2018 14:33	76 bpm (Regular)
12/18/2018 21:26	78 bpm (Regular)
12/18/2018 15:42	78 bpm (Regular)
12/17/2018 17:26	78 bpm (Regular)
12/17/2018 11:59	83 bpm (Regular)

Only vitals with data are displayed



## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/17/2018 08:58	81 bpm (Regular)
12/16/2018 23:41	78 bpm (Regular)
12/16/2018 17:08	78 bpm (Regular)
12/16/2018 16:32	79 bpm (Regular)
12/16/2018 09:01	7 bpm (Regular)
12/15/2018 20:04	76 bpm (Regular)
12/15/2018 16:31	78 bpm (Regular)
12/15/2018 12:32	75 bpm (Regular)
12/15/2018 09:40	72 bpm (Regular)
12/14/2018 18:51	77 bpm (Regular)
12/14/2018 13:45	78 bpm (Regular)
12/14/2018 13:44	74 bpm (Regular)
12/14/2018 13:17	76 bpm (Regular)
12/13/2018 07:27	80 bpm (Regular)
12/12/2018 20:30	79 bpm (Regular)
12/12/2018 13:35	70 bpm (Regular)
12/12/2018 13:35	76 bpm (Regular)
12/11/2018 13:12	75 bpm (Regular)
12/11/2018 13:10	70 bpm (Regular)
12/10/2018 19:05	67 bpm (Regular)
12/09/2018 23:39	68 bpm (Regular)
12/09/2018 14:48	72 bpm (Regular)
12/09/2018 07:59	70 bpm (Regular)
12/09/2018 00:40	74 bpm (Regular)
12/08/2018 19:39	69 bpm (Regular)
12/08/2018 08:43	72 bpm (Regular)
12/07/2018 22:28	78 bpm (Regular)
12/07/2018 00:24	78 bpm (Regular)
12/06/2018 19:00	76 bpm (Regular)
12/06/2018 00:11	75 bpm (Regular)
12/05/2018 17:06	67 bpm (Regular)
12/05/2018 07:05	74 bpm (Regular)
12/04/2018 14:11	76 bpm (Regular)
12/04/2018 00:34	72 bpm (Regular)

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/02/2018 22:57	78 bpm (Regular)
12/02/2018 15:40	81 bpm (Regular)
12/02/2018 07:09	77 bpm (Regular)
12/01/2018 22:26	72 bpm (Regular)
12/01/2018 15:10	75 bpm (Regular)
12/01/2018 01:22	78 bpm (Regular)
11/30/2018 19:05	86 bpm (Regular)
11/29/2018 16:03	77 bpm (Regular)
09/04/2018 10:26	74 bpm (Regular)
09/03/2018 13:59	78 bpm (Regular)
08/29/2018 14:28	70 bpm (Regular)
08/28/2018 13:06	72 bpm (Regular)
08/05/2018 16:10	79 bpm (Regular)
08/04/2018 10:00	81 bpm (Regular)
08/03/2018 08:28	88 bpm (Regular)
08/02/2018 08:41	93 bpm (Regular)
08/01/2018 08:22	78 bpm (Regular)
07/31/2018 08:20	78 bpm (Regular)
07/30/2018 08:17	79 bpm (Regular)
07/28/2018 08:45	74 bpm (Regular)
07/27/2018 08:08	78 bpm (Regular)
07/22/2018 10:24	81 bpm (Regular)
06/09/2018 08:23	86 bpm (Regular)
05/20/2018 08:38	83 bpm (Regular)
03/22/2018 11:02	97 bpm (Regular)
03/14/2018 14:29	76 bpm (Regular)
02/19/2018 14:34	78 bpm (Regular)
02/14/2018 09:04	82 bpm (Regular)

Respiration Summary Baseline: N/A

12/11/2019 09:30	22 Breaths/min
11/25/2019 19:45	16 Breaths/min
11/25/2019 17:54	18 Breaths/min
11/25/2019 17:53	18 Breaths/min
11/23/2019 09:34	18 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
11/22/2019 18:27	18 Breaths/min
11/22/2019 12:15	15 Breaths/min
11/22/2019 12:00	18 Breaths/min
11/22/2019 08:15	16 Breaths/min
11/22/2019 08:00	16 Breaths/min
11/21/2019 08:15	16 Breaths/min
11/21/2019 08:00	16 Breaths/min
11/20/2019 21:28	18 Breaths/min
11/20/2019 17:21	18 Breaths/min
11/20/2019 17:20	18 Breaths/min
11/20/2019 08:15	18 Breaths/min
11/20/2019 08:00	18 Breaths/min
11/19/2019 21:20	18 Breaths/min
11/19/2019 21:19	18 Breaths/min
11/19/2019 17:28	18 Breaths/min
11/19/2019 17:27	18 Breaths/min
11/19/2019 12:16	18 Breaths/min
11/19/2019 12:01	16 Breaths/min
11/19/2019 08:15	16 Breaths/min
11/19/2019 08:00	16 Breaths/min
11/18/2019 12:15	16 Breaths/min
11/18/2019 12:00	16 Breaths/min
11/18/2019 08:15	16 Breaths/min
11/18/2019 08:00	16 Breaths/min
11/16/2019 12:47	18 Breaths/min
11/15/2019 07:45	16 Breaths/min
11/15/2019 07:30	16 Breaths/min
11/14/2019 17:34	18 Breaths/min
11/13/2019 12:15	16 Breaths/min
11/13/2019 12:00	18 Breaths/min
11/13/2019 08:15	16 Breaths/min
11/13/2019 08:00	16 Breaths/min
11/12/2019 08:15	15 Breaths/min
11/12/2019 08:00	16 Breaths/min

Only vitals with data are displayed



## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
11/01/2019 12:15	16 Breaths/min
11/01/2019 12:00	18 Breaths/min
11/01/2019 09:15	16 Breaths/min
11/01/2019 09:09	16 Breaths/min
10/31/2019 12:15	16 Breaths/min
10/31/2019 12:00	14 Breaths/min
10/31/2019 08:15	16 Breaths/min
10/31/2019 08:00	16 Breaths/min
10/30/2019 22:47	18 Breaths/min
10/30/2019 22:47	20 Breaths/min
10/30/2019 12:15	16 Breaths/min
10/30/2019 12:00	16 Breaths/min
10/30/2019 08:15	16 Breaths/min
10/30/2019 08:00	16 Breaths/min
10/29/2019 08:15	16 Breaths/min
10/29/2019 08:00	16 Breaths/min
10/28/2019 12:15	16 Breaths/min
10/28/2019 12:00	16 Breaths/min
10/28/2019 08:15	14 Breaths/min
10/28/2019 08:00	18 Breaths/min
10/27/2019 13:42	18 Breaths/min
10/25/2019 12:15	16 Breaths/min
10/25/2019 12:00	16 Breaths/min
10/25/2019 08:30	16 Breaths/min
10/25/2019 08:00	20 Breaths/min
10/23/2019 12:15	14 Breaths/min
10/23/2019 12:00	16 Breaths/min
10/23/2019 08:16	14 Breaths/min
10/23/2019 08:00	16 Breaths/min
10/21/2019 21:22	16 Breaths/min
10/21/2019 17:14	17 Breaths/min
10/21/2019 12:15	16 Breaths/min
10/21/2019 12:00	16 Breaths/min
10/21/2019 08:15	16 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
10/21/2019 08:00	18 Breaths/min
10/20/2019 07:25	18 Breaths/min
10/19/2019 10:18	18 Breaths/min
10/18/2019 20:33	18 Breaths/min
10/18/2019 16:38	16 Breaths/min
10/18/2019 12:15	15 Breaths/min
10/18/2019 12:00	16 Breaths/min
10/18/2019 08:15	16 Breaths/min
10/18/2019 08:00	16 Breaths/min
10/17/2019 20:15	15 Breaths/min
10/17/2019 20:00	15 Breaths/min
10/17/2019 16:15	15 Breaths/min
10/17/2019 16:00	16 Breaths/min
10/17/2019 11:08	16 Breaths/min
10/17/2019 08:00	15 Breaths/min
10/16/2019 20:15	15 Breaths/min
10/16/2019 20:00	16 Breaths/min
10/16/2019 16:15	16 Breaths/min
10/16/2019 16:00	16 Breaths/min
10/16/2019 12:15	16 Breaths/min
10/16/2019 12:00	18 Breaths/min
10/16/2019 08:15	14 Breaths/min
10/16/2019 08:00	18 Breaths/min
10/15/2019 12:15	14 Breaths/min
10/15/2019 12:00	18 Breaths/min
10/15/2019 08:15	14 Breaths/min
10/15/2019 08:00	18 Breaths/min
10/14/2019 19:46	19 Breaths/min
10/14/2019 17:09	18 Breaths/min
10/14/2019 12:15	16 Breaths/min
10/14/2019 12:00	16 Breaths/min
10/14/2019 08:15	18 Breaths/min
10/14/2019 08:00	16 Breaths/min
10/13/2019 08:56	18 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
10/12/2019 08:08	18 Breaths/min
10/11/2019 12:15	16 Breaths/min
10/11/2019 12:00	16 Breaths/min
10/11/2019 11:16	14 Breaths/min
10/11/2019 11:14	18 Breaths/min
10/10/2019 22:25	18 Breaths/min
10/10/2019 15:13	16 Breaths/min
10/09/2019 12:15	16 Breaths/min
10/09/2019 12:00	16 Breaths/min
10/09/2019 10:07	16 Breaths/min
10/09/2019 08:15	16 Breaths/min
10/08/2019 21:33	18 Breaths/min
10/08/2019 21:32	18 Breaths/min
10/08/2019 12:25	14 Breaths/min
10/08/2019 12:15	18 Breaths/min
10/08/2019 12:00	16 Breaths/min
10/08/2019 08:00	16 Breaths/min
10/07/2019 19:49	20 Breaths/min
10/07/2019 12:16	18 Breaths/min
10/07/2019 12:00	18 Breaths/min
10/07/2019 08:17	15 Breaths/min
10/07/2019 08:00	16 Breaths/min
10/06/2019 09:51	18 Breaths/min
10/04/2019 12:15	18 Breaths/min
10/04/2019 12:00	18 Breaths/min
10/04/2019 08:15	15 Breaths/min
10/04/2019 08:00	16 Breaths/min
10/03/2019 20:41	16 Breaths/min
10/03/2019 20:40	18 Breaths/min
10/03/2019 08:15	18 Breaths/min
10/03/2019 08:00	18 Breaths/min
10/02/2019 20:15	18 Breaths/min
10/02/2019 20:00	16 Breaths/min
10/02/2019 16:15	18 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
10/02/2019 16:00	18 Breaths/min
10/01/2019 20:18	20 Breaths/min
10/01/2019 12:16	16 Breaths/min
10/01/2019 12:00	16 Breaths/min
10/01/2019 08:15	16 Breaths/min
10/01/2019 08:00	18 Breaths/min
09/30/2019 10:02	18 Breaths/min
09/29/2019 08:31	18 Breaths/min
09/28/2019 20:53	17 Breaths/min
09/26/2019 12:15	15 Breaths/min
09/26/2019 12:00	18 Breaths/min
09/26/2019 08:15	16 Breaths/min
09/26/2019 08:00	16 Breaths/min
09/25/2019 20:15	18 Breaths/min
09/25/2019 20:00	19 Breaths/min
09/25/2019 16:16	16 Breaths/min
09/25/2019 16:00	18 Breaths/min
09/25/2019 12:15	18 Breaths/min
09/25/2019 12:00	16 Breaths/min
09/25/2019 08:16	18 Breaths/min
09/25/2019 08:05	18 Breaths/min
09/24/2019 16:19	18 Breaths/min
09/24/2019 12:16	14 Breaths/min
09/24/2019 12:00	18 Breaths/min
09/24/2019 08:15	16 Breaths/min
09/24/2019 08:13	16 Breaths/min
09/23/2019 12:20	15 Breaths/min
09/23/2019 12:05	16 Breaths/min
09/23/2019 11:15	16 Breaths/min
09/23/2019 08:00	14 Breaths/min
09/21/2019 21:17	17 Breaths/min
09/20/2019 16:15	18 Breaths/min
09/20/2019 15:15	14 Breaths/min
09/20/2019 15:00	16 Breaths/min

Only vitals with data are displayed



## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/20/2019 08:15	16 Breaths/min
09/20/2019 08:00	18 Breaths/min
09/19/2019 17:33	18 Breaths/min
09/19/2019 12:15	18 Breaths/min
09/19/2019 12:00	16 Breaths/min
09/19/2019 08:15	16 Breaths/min
09/19/2019 08:00	16 Breaths/min
09/18/2019 12:15	18 Breaths/min
09/18/2019 12:00	18 Breaths/min
09/18/2019 08:15	16 Breaths/min
09/18/2019 08:00	18 Breaths/min
09/17/2019 22:01	18 Breaths/min
09/17/2019 21:59	18 Breaths/min
09/17/2019 21:58	18 Breaths/min
09/17/2019 21:55	18 Breaths/min
09/17/2019 12:15	18 Breaths/min
09/17/2019 08:15	16 Breaths/min
09/17/2019 08:08	16 Breaths/min
09/17/2019 08:00	14 Breaths/min
09/16/2019 20:15	16 Breaths/min
09/16/2019 20:00	18 Breaths/min
09/16/2019 16:15	16 Breaths/min
09/16/2019 16:00	16 Breaths/min
09/15/2019 08:57	18 Breaths/min
09/14/2019 08:00	18 Breaths/min
09/13/2019 08:59	18 Breaths/min
09/13/2019 08:58	18 Breaths/min
09/13/2019 07:30	20 Breaths/min
09/13/2019 07:28	18 Breaths/min
09/12/2019 20:29	16 Breaths/min
09/12/2019 13:54	16 Breaths/min
09/12/2019 09:39	16 Breaths/min
09/12/2019 09:38	16 Breaths/min
09/11/2019 20:30	18 Breaths/min

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/11/2019 19:41	18 Breaths/min
09/11/2019 19:41	16 Breaths/min
09/11/2019 14:14	16 Breaths/min
09/11/2019 11:36	18 Breaths/min
09/11/2019 11:35	16 Breaths/min
09/10/2019 17:27	18 Breaths/min
09/10/2019 17:26	18 Breaths/min
09/10/2019 08:19	18 Breaths/min
09/10/2019 08:17	20 Breaths/min
09/08/2019 15:43	18 Breaths/min
09/08/2019 07:20	18 Breaths/min
09/07/2019 20:21	18 Breaths/min
09/07/2019 20:15	18 Breaths/min
09/07/2019 12:08	18 Breaths/min
09/07/2019 09:15	18 Breaths/min
09/05/2019 17:08	18 Breaths/min
09/05/2019 16:13	16 Breaths/min
09/05/2019 12:00	16 Breaths/min
09/05/2019 08:15	14 Breaths/min
09/05/2019 08:00	16 Breaths/min
09/04/2019 21:07	18 Breaths/min
09/04/2019 15:56	18 Breaths/min
09/03/2019 12:15	16 Breaths/min
09/03/2019 12:00	18 Breaths/min
09/03/2019 08:15	18 Breaths/min
09/03/2019 08:00	18 Breaths/min
09/02/2019 21:05	16 Breaths/min
09/02/2019 21:05	18 Breaths/min
09/02/2019 16:15	16 Breaths/min
09/02/2019 16:00	16 Breaths/min
09/02/2019 08:18	18 Breaths/min
09/02/2019 08:00	18 Breaths/min
09/01/2019 13:44	15 Breaths/min
09/01/2019 12:00	16 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
09/01/2019 10:03	18 Breaths/min
08/31/2019 08:59	18 Breaths/min
08/30/2019 09:02	16 Breaths/min
08/30/2019 09:01	20 Breaths/min
08/28/2019 20:46	18 Breaths/min
08/28/2019 20:44	18 Breaths/min
08/28/2019 19:04	16 Breaths/min
08/28/2019 18:47	16 Breaths/min
08/28/2019 16:00	18 Breaths/min
08/28/2019 13:53	16 Breaths/min
08/28/2019 13:52	16 Breaths/min
08/28/2019 08:17	16 Breaths/min
08/28/2019 08:04	18 Breaths/min
08/27/2019 18:59	18 Breaths/min
08/27/2019 16:43	16 Breaths/min
08/27/2019 11:38	18 Breaths/min
08/27/2019 11:37	16 Breaths/min
08/27/2019 08:35	16 Breaths/min
08/26/2019 21:58	16 Breaths/min
08/26/2019 21:56	16 Breaths/min
08/26/2019 21:47	16 Breaths/min
08/26/2019 21:46	16 Breaths/min
08/26/2019 21:44	16 Breaths/min
08/26/2019 21:43	20 Breaths/min
08/26/2019 09:58	18 Breaths/min
08/24/2019 07:22	18 Breaths/min
08/23/2019 07:19	18 Breaths/min
08/22/2019 20:29	16 Breaths/min
08/22/2019 20:26	16 Breaths/min
08/22/2019 17:15	16 Breaths/min
08/22/2019 17:14	16 Breaths/min
08/22/2019 10:56	18 Breaths/min
08/22/2019 10:54	18 Breaths/min
08/21/2019 19:53	20 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
08/21/2019 19:52	20 Breaths/min
08/21/2019 19:50	20 Breaths/min
08/21/2019 17:27	20 Breaths/min
08/21/2019 17:26	20 Breaths/min
08/21/2019 17:25	20 Breaths/min
08/21/2019 16:24	18 Breaths/min
08/21/2019 16:23	18 Breaths/min
08/21/2019 07:22	16 Breaths/min
08/20/2019 22:22	18 Breaths/min
08/20/2019 13:39	16 Breaths/min
08/20/2019 13:38	16 Breaths/min
08/19/2019 17:29	18 Breaths/min
08/16/2019 21:26	18 Breaths/min
08/16/2019 16:42	20 Breaths/min
08/16/2019 15:22	16 Breaths/min
08/16/2019 07:45	18 Breaths/min
08/15/2019 21:59	20 Breaths/min
08/15/2019 21:58	20 Breaths/min
08/15/2019 11:42	18 Breaths/min
08/15/2019 01:48	18 Breaths/min
08/15/2019 01:47	18 Breaths/min
08/14/2019 11:44	15 Breaths/min
08/14/2019 11:43	16 Breaths/min
08/14/2019 00:47	18 Breaths/min
08/13/2019 07:35	18 Breaths/min
08/13/2019 00:33	18 Breaths/min
08/12/2019 13:28	16 Breaths/min
08/12/2019 11:01	18 Breaths/min
08/11/2019 18:05	16 Breaths/min
08/11/2019 11:28	18 Breaths/min
08/11/2019 08:24	20 Breaths/min
08/10/2019 19:57	18 Breaths/min
08/10/2019 10:18	16 Breaths/min
08/09/2019 13:39	16 Breaths/min

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
08/09/2019 08:40	16 Breaths/min
08/09/2019 02:29	18 Breaths/min
08/09/2019 02:28	18 Breaths/min
08/08/2019 14:12	18 Breaths/min
08/08/2019 14:11	18 Breaths/min
08/07/2019 13:02	18 Breaths/min
08/07/2019 07:42	18 Breaths/min
08/06/2019 15:10	16 Breaths/min
08/06/2019 10:24	16 Breaths/min
08/06/2019 01:02	18 Breaths/min
08/06/2019 01:01	18 Breaths/min
08/05/2019 14:34	16 Breaths/min
08/05/2019 14:33	16 Breaths/min
08/03/2019 16:01	18 Breaths/min
08/03/2019 12:20	18 Breaths/min
08/02/2019 18:46	18 Breaths/min
08/01/2019 07:36	18 Breaths/min
07/31/2019 20:20	15 Breaths/min
07/31/2019 20:19	18 Breaths/min
07/31/2019 13:57	16 Breaths/min
07/31/2019 08:57	16 Breaths/min
07/30/2019 22:43	18 Breaths/min
07/30/2019 17:03	18 Breaths/min
07/30/2019 11:13	18 Breaths/min
07/30/2019 09:25	16 Breaths/min
07/29/2019 21:51	18 Breaths/min
07/29/2019 18:52	18 Breaths/min
07/29/2019 11:10	15 Breaths/min
07/29/2019 11:05	15 Breaths/min
07/28/2019 16:17	18 Breaths/min
07/27/2019 23:22	18 Breaths/min
07/27/2019 16:21	18 Breaths/min
07/26/2019 21:34	18 Breaths/min
07/26/2019 17:11	18 Breaths/min

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
07/25/2019 19:05	18 Breaths/min
07/25/2019 19:04	18 Breaths/min
07/25/2019 09:39	18 Breaths/min
07/24/2019 19:36	18 Breaths/min
07/24/2019 19:33	18 Breaths/min
07/23/2019 22:58	18 Breaths/min
07/23/2019 17:02	16 Breaths/min
07/23/2019 08:42	16 Breaths/min
07/22/2019 20:01	18 Breaths/min
07/22/2019 17:28	18 Breaths/min
07/22/2019 11:00	18 Breaths/min
07/22/2019 09:08	16 Breaths/min
07/21/2019 16:31	18 Breaths/min
07/20/2019 11:47	16 Breaths/min
07/19/2019 19:33	18 Breaths/min
07/19/2019 16:45	18 Breaths/min
07/19/2019 14:31	15 Breaths/min
07/19/2019 14:30	16 Breaths/min
07/18/2019 21:28	18 Breaths/min
07/18/2019 21:25	18 Breaths/min
07/17/2019 10:06	16 Breaths/min
07/16/2019 22:41	18 Breaths/min
07/16/2019 22:38	18 Breaths/min
07/16/2019 11:48	16 Breaths/min
07/16/2019 11:47	16 Breaths/min
07/15/2019 22:23	18 Breaths/min
07/15/2019 18:27	18 Breaths/min
07/15/2019 11:20	16 Breaths/min
07/15/2019 10:49	16 Breaths/min
07/13/2019 16:50	18 Breaths/min
07/12/2019 21:41	18 Breaths/min
07/12/2019 18:19	18 Breaths/min
07/12/2019 07:50	18 Breaths/min
07/11/2019 22:51	18 Breaths/min

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
07/11/2019 18:38	18 Breaths/min
07/11/2019 12:01	16 Breaths/min
07/11/2019 12:01	14 Breaths/min
07/10/2019 21:39	18 Breaths/min
07/10/2019 16:57	18 Breaths/min
07/10/2019 11:07	15 Breaths/min
07/10/2019 11:07	16 Breaths/min
07/09/2019 23:56	18 Breaths/min
07/09/2019 23:55	18 Breaths/min
07/09/2019 14:02	18 Breaths/min
07/09/2019 14:02	16 Breaths/min
07/08/2019 21:31	18 Breaths/min
07/08/2019 17:18	18 Breaths/min
07/08/2019 11:08	16 Breaths/min
07/07/2019 19:06	18 Breaths/min
07/07/2019 09:32	17 Breaths/min
07/05/2019 17:29	18 Breaths/min
07/05/2019 14:29	16 Breaths/min
07/05/2019 14:27	16 Breaths/min
07/04/2019 20:52	18 Breaths/min
07/04/2019 20:50	18 Breaths/min
07/04/2019 11:46	14 Breaths/min
07/04/2019 11:46	18 Breaths/min
07/04/2019 02:25	20 Breaths/min
07/03/2019 17:35	16 Breaths/min
07/03/2019 11:57	16 Breaths/min
07/03/2019 11:57	18 Breaths/min
07/02/2019 19:01	20 Breaths/min
07/02/2019 18:59	18 Breaths/min
07/02/2019 11:12	18 Breaths/min
07/01/2019 23:55	18 Breaths/min
07/01/2019 17:27	18 Breaths/min
07/01/2019 11:31	16 Breaths/min
07/01/2019 10:58	18 Breaths/min

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
06/29/2019 10:13	16 Breaths/min
06/28/2019 22:14	18 Breaths/min
06/28/2019 18:26	18 Breaths/min
06/27/2019 23:10	18 Breaths/min
06/27/2019 17:03	18 Breaths/min
06/27/2019 16:19	16 Breaths/min
06/27/2019 16:15	14 Breaths/min
06/26/2019 20:09	18 Breaths/min
06/26/2019 18:38	18 Breaths/min
06/26/2019 18:13	18 Breaths/min
06/26/2019 09:49	18 Breaths/min
06/25/2019 19:45	18 Breaths/min
06/25/2019 19:44	18 Breaths/min
06/25/2019 09:33	16 Breaths/min
06/24/2019 22:34	18 Breaths/min
06/24/2019 16:41	18 Breaths/min
06/24/2019 09:48	16 Breaths/min
06/23/2019 20:52	17 Breaths/min
06/23/2019 12:26	16 Breaths/min
06/23/2019 08:25	18 Breaths/min
06/22/2019 09:08	16 Breaths/min
06/21/2019 18:08	18 Breaths/min
06/21/2019 14:18	16 Breaths/min
06/21/2019 14:18	15 Breaths/min
06/21/2019 02:41	18 Breaths/min
06/21/2019 02:36	18 Breaths/min
06/20/2019 10:30	16 Breaths/min
06/19/2019 23:43	18 Breaths/min
06/19/2019 17:54	18 Breaths/min
06/19/2019 08:00	16 Breaths/min
06/18/2019 16:21	18 Breaths/min
06/18/2019 12:21	18 Breaths/min
06/17/2019 22:33	18 Breaths/min
06/16/2019 19:53	18 Breaths/min

Only vitals with data are displayed



Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
06/16/2019 15:37	17 Breaths/min
06/15/2019 09:10	17 Breaths/min
06/14/2019 17:17	18 Breaths/min
06/14/2019 12:45	15 Breaths/min
06/14/2019 12:44	18 Breaths/min
06/13/2019 19:02	18 Breaths/min
06/13/2019 17:53	18 Breaths/min
06/12/2019 22:24	18 Breaths/min
06/12/2019 22:23	18 Breaths/min
06/11/2019 22:47	18 Breaths/min
06/11/2019 11:03	15 Breaths/min
06/11/2019 10:50	18 Breaths/min
06/10/2019 22:38	18 Breaths/min
06/10/2019 19:00	18 Breaths/min
06/10/2019 11:46	18 Breaths/min
06/10/2019 11:45	16 Breaths/min
06/09/2019 21:05	17 Breaths/min
06/09/2019 17:09	18 Breaths/min
06/09/2019 11:22	18 Breaths/min
06/09/2019 08:45	18 Breaths/min
06/08/2019 11:53	18 Breaths/min
06/08/2019 08:35	18 Breaths/min
06/07/2019 23:39	18 Breaths/min
06/07/2019 19:17	20 Breaths/min
06/06/2019 21:04	18 Breaths/min
06/06/2019 21:03	18 Breaths/min
06/06/2019 12:06	16 Breaths/min
06/06/2019 08:58	18 Breaths/min
06/05/2019 12:00	16 Breaths/min
06/05/2019 07:30	16 Breaths/min
06/04/2019 16:21	15 Breaths/min
06/04/2019 08:20	16 Breaths/min
06/03/2019 11:25	15 Breaths/min
06/03/2019 08:00	16 Breaths/min

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
06/02/2019 17:13	16 Breaths/min
06/02/2019 10:52	18 Breaths/min
06/01/2019 19:33	18 Breaths/min
06/01/2019 10:09	16 Breaths/min
05/31/2019 20:46	16 Breaths/min
05/31/2019 16:00	16 Breaths/min
05/31/2019 11:50	15 Breaths/min
05/31/2019 07:49	16 Breaths/min
05/30/2019 11:42	16 Breaths/min
05/30/2019 10:20	16 Breaths/min
05/29/2019 12:00	16 Breaths/min
05/29/2019 08:00	16 Breaths/min
05/28/2019 12:00	15 Breaths/min
05/28/2019 10:51	16 Breaths/min
05/27/2019 09:46	18 Breaths/min
05/26/2019 17:50	18 Breaths/min
05/26/2019 08:52	18 Breaths/min
05/26/2019 08:41	17 Breaths/min
05/25/2019 11:17	18 Breaths/min
05/24/2019 11:37	15 Breaths/min
05/24/2019 08:36	16 Breaths/min
05/23/2019 14:52	16 Breaths/min
05/23/2019 14:52	15 Breaths/min
05/22/2019 18:16	18 Breaths/min
05/22/2019 12:13	16 Breaths/min
05/22/2019 11:13	16 Breaths/min
05/21/2019 14:15	18 Breaths/min
05/21/2019 14:14	18 Breaths/min
05/20/2019 20:11	16 Breaths/min
05/20/2019 20:11	18 Breaths/min
05/20/2019 14:54	18 Breaths/min
05/20/2019 14:54	16 Breaths/min
05/19/2019 19:55	18 Breaths/min
05/19/2019 16:17	18 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
05/19/2019 09:55	18 Breaths/min
05/18/2019 20:56	17 Breaths/min
05/18/2019 16:04	18 Breaths/min
05/18/2019 12:54	18 Breaths/min
05/18/2019 08:06	18 Breaths/min
05/17/2019 19:03	18 Breaths/min
05/17/2019 12:03	15 Breaths/min
05/16/2019 14:01	18 Breaths/min
05/16/2019 09:49	18 Breaths/min
05/16/2019 02:39	20 Breaths/min
05/15/2019 13:12	14 Breaths/min
05/15/2019 10:07	16 Breaths/min
05/14/2019 09:22	18 Breaths/min
05/14/2019 01:06	18 Breaths/min
05/13/2019 14:37	18 Breaths/min
05/13/2019 09:03	18 Breaths/min
05/13/2019 01:19	16 Breaths/min
05/12/2019 11:15	17 Breaths/min
05/12/2019 01:13	18 Breaths/min
05/11/2019 02:06	18 Breaths/min
05/10/2019 10:42	16 Breaths/min
05/09/2019 12:00	18 Breaths/min
05/09/2019 08:46	16 Breaths/min
05/09/2019 08:39	16 Breaths/min
05/08/2019 17:05	16 Breaths/min
05/08/2019 12:05	16 Breaths/min
05/08/2019 01:15	18 Breaths/min
05/07/2019 09:03	18 Breaths/min
05/07/2019 08:02	18 Breaths/min
05/07/2019 02:55	18 Breaths/min
05/06/2019 22:38	16 Breaths/min
05/06/2019 22:37	18 Breaths/min
05/06/2019 01:03	18 Breaths/min
05/05/2019 20:54	18 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
05/05/2019 20:53	16 Breaths/min
05/05/2019 09:59	18 Breaths/min
05/05/2019 01:30	18 Breaths/min
05/04/2019 18:49	17 Breaths/min
05/04/2019 18:43	18 Breaths/min
05/04/2019 11:13	17 Breaths/min
05/04/2019 11:12	16 Breaths/min
05/04/2019 11:10	18 Breaths/min
05/03/2019 23:09	16 Breaths/min
05/03/2019 23:06	18 Breaths/min
05/03/2019 01:46	20 Breaths/min
05/02/2019 12:21	16 Breaths/min
05/02/2019 07:20	16 Breaths/min
05/02/2019 01:26	18 Breaths/min
05/01/2019 22:52	18 Breaths/min
05/01/2019 22:51	19 Breaths/min
05/01/2019 12:25	16 Breaths/min
05/01/2019 08:24	20 Breaths/min
05/01/2019 01:30	16 Breaths/min
04/30/2019 21:01	18 Breaths/min
04/30/2019 14:41	20 Breaths/min
04/30/2019 14:41	18 Breaths/min
04/30/2019 09:04	16 Breaths/min
04/30/2019 09:01	18 Breaths/min
04/30/2019 08:59	16 Breaths/min
04/30/2019 01:44	16 Breaths/min
04/29/2019 20:05	17 Breaths/min
04/29/2019 20:05	19 Breaths/min
04/29/2019 01:39	16 Breaths/min
04/28/2019 19:33	18 Breaths/min
04/28/2019 00:59	18 Breaths/min
04/27/2019 18:59	17 Breaths/min
04/27/2019 16:36	17 Breaths/min
04/27/2019 16:16	18 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
04/27/2019 00:27	18 Breaths/min
04/26/2019 01:21	18 Breaths/min
04/25/2019 19:38	17 Breaths/min
04/25/2019 19:37	19 Breaths/min
04/25/2019 12:41	16 Breaths/min
04/25/2019 08:43	16 Breaths/min
04/25/2019 01:05	16 Breaths/min
04/24/2019 14:59	16 Breaths/min
04/24/2019 14:58	18 Breaths/min
04/24/2019 09:13	16 Breaths/min
04/24/2019 08:44	14 Breaths/min
04/24/2019 00:54	16 Breaths/min
04/23/2019 22:55	18 Breaths/min
04/23/2019 22:54	17 Breaths/min
04/23/2019 22:53	19 Breaths/min
04/23/2019 01:22	16 Breaths/min
04/22/2019 15:50	15 Breaths/min
04/22/2019 15:50	16 Breaths/min
04/22/2019 15:49	18 Breaths/min
04/21/2019 16:20	17 Breaths/min
04/21/2019 16:19	18 Breaths/min
04/21/2019 16:08	16 Breaths/min
04/21/2019 12:24	17 Breaths/min
04/20/2019 20:38	17 Breaths/min
04/20/2019 15:37	17 Breaths/min
04/20/2019 15:01	18 Breaths/min
04/20/2019 12:58	17 Breaths/min
04/20/2019 09:18	17 Breaths/min
04/20/2019 01:03	16 Breaths/min
04/19/2019 21:53	16 Breaths/min
04/19/2019 21:52	18 Breaths/min
04/19/2019 00:44	16 Breaths/min
04/18/2019 21:03	16 Breaths/min
04/18/2019 20:57	14 Breaths/min

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/18/2019 19:02	15 Breaths/min
04/18/2019 19:00	16 Breaths/min
04/18/2019 19:00	15 Breaths/min
04/18/2019 00:49	18 Breaths/min
04/17/2019 21:41	18 Breaths/min
04/17/2019 21:40	20 Breaths/min
04/17/2019 16:17	16 Breaths/min
04/17/2019 16:16	16 Breaths/min
04/17/2019 16:15	16 Breaths/min
04/17/2019 01:36	16 Breaths/min
04/17/2019 00:20	16 Breaths/min
04/17/2019 00:19	18 Breaths/min
04/16/2019 16:44	16 Breaths/min
04/16/2019 16:43	18 Breaths/min
04/16/2019 16:41	16 Breaths/min
04/16/2019 01:29	18 Breaths/min
04/15/2019 22:56	15 Breaths/min
04/15/2019 22:54	17 Breaths/min
04/15/2019 13:42	18 Breaths/min
04/15/2019 10:25	16 Breaths/min
04/15/2019 02:14	18 Breaths/min
04/14/2019 20:31	16 Breaths/min
04/14/2019 16:29	17 Breaths/min
04/14/2019 09:52	17 Breaths/min
04/14/2019 01:48	18 Breaths/min
04/13/2019 19:12	18 Breaths/min
04/13/2019 19:11	18 Breaths/min
04/13/2019 14:14	18 Breaths/min
04/13/2019 12:13	16 Breaths/min
04/13/2019 09:23	17 Breaths/min
04/13/2019 06:46	18 Breaths/min
04/12/2019 21:17	16 Breaths/min
04/12/2019 20:41	16 Breaths/min
04/12/2019 20:29	16 Breaths/min

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/12/2019 20:22	14 Breaths/min
04/12/2019 20:22	16 Breaths/min
04/12/2019 17:46	15 Breaths/min
04/12/2019 02:20	18 Breaths/min
04/11/2019 23:14	16 Breaths/min
04/11/2019 23:13	18 Breaths/min
04/11/2019 15:40	16 Breaths/min
04/11/2019 15:39	16 Breaths/min
04/10/2019 22:00	16 Breaths/min
04/10/2019 21:59	18 Breaths/min
04/10/2019 13:07	18 Breaths/min
04/10/2019 13:06	18 Breaths/min
04/09/2019 21:55	16 Breaths/min
04/09/2019 21:54	18 Breaths/min
04/09/2019 15:52	16 Breaths/min
04/09/2019 15:51	18 Breaths/min
04/08/2019 21:58	18 Breaths/min
04/08/2019 21:56	19 Breaths/min
04/08/2019 13:25	18 Breaths/min
04/07/2019 19:55	17 Breaths/min
04/07/2019 17:05	17 Breaths/min
04/07/2019 15:38	17 Breaths/min
04/07/2019 07:26	17 Breaths/min
04/06/2019 16:19	16 Breaths/min
04/06/2019 11:18	16 Breaths/min
04/06/2019 10:34	16 Breaths/min
04/05/2019 22:54	16 Breaths/min
04/05/2019 22:53	17 Breaths/min
04/04/2019 23:41	16 Breaths/min
04/04/2019 23:40	18 Breaths/min
04/04/2019 15:06	16 Breaths/min
04/03/2019 21:02	16 Breaths/min
04/03/2019 21:02	18 Breaths/min
04/03/2019 14:41	16 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
04/03/2019 14:41	14 Breaths/min
04/02/2019 21:04	17 Breaths/min
04/02/2019 21:03	18 Breaths/min
04/02/2019 14:14	15 Breaths/min
04/02/2019 14:13	16 Breaths/min
04/01/2019 22:50	16 Breaths/min
04/01/2019 22:49	18 Breaths/min
03/31/2019 21:18	16 Breaths/min
03/31/2019 17:57	16 Breaths/min
03/30/2019 18:39	17 Breaths/min
03/30/2019 14:53	18 Breaths/min
03/30/2019 09:08	16 Breaths/min
03/29/2019 21:46	16 Breaths/min
03/29/2019 21:46	18 Breaths/min
03/29/2019 00:39	17 Breaths/min
03/29/2019 00:24	19 Breaths/min
03/27/2019 21:50	16 Breaths/min
03/27/2019 14:53	15 Breaths/min
03/27/2019 14:52	16 Breaths/min
03/26/2019 20:00	16 Breaths/min
03/26/2019 19:57	18 Breaths/min
03/25/2019 22:38	16 Breaths/min
03/25/2019 22:37	18 Breaths/min
03/25/2019 11:26	14 Breaths/min
03/25/2019 11:26	18 Breaths/min
03/24/2019 23:09	17 Breaths/min
03/24/2019 18:47	18 Breaths/min
03/24/2019 14:18	16 Breaths/min
03/24/2019 09:36	17 Breaths/min
03/23/2019 21:46	16 Breaths/min
03/23/2019 18:14	16 Breaths/min
03/23/2019 11:42	18 Breaths/min
03/23/2019 08:16	16 Breaths/min
03/23/2019 01:05	16 Breaths/min

Only vitals with data are displayed



## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
03/23/2019 01:04	18 Breaths/min
03/21/2019 20:46	16 Breaths/min
03/21/2019 20:44	18 Breaths/min
03/21/2019 18:53	17 Breaths/min
03/21/2019 18:52	19 Breaths/min
03/21/2019 17:06	16 Breaths/min
03/21/2019 10:50	16 Breaths/min
03/20/2019 01:29	16 Breaths/min
03/20/2019 01:29	18 Breaths/min
03/19/2019 14:40	15 Breaths/min
03/19/2019 14:39	16 Breaths/min
03/18/2019 21:17	16 Breaths/min
03/18/2019 13:35	15 Breaths/min
03/18/2019 13:34	15 Breaths/min
03/17/2019 21:19	16 Breaths/min
03/17/2019 16:05	16 Breaths/min
03/17/2019 16:04	14 Breaths/min
03/17/2019 06:40	16 Breaths/min
03/17/2019 06:39	14 Breaths/min
03/16/2019 19:31	18 Breaths/min
03/16/2019 18:09	20 Breaths/min
03/16/2019 09:02	18 Breaths/min
03/15/2019 23:39	16 Breaths/min
03/15/2019 23:39	18 Breaths/min
03/15/2019 01:21	16 Breaths/min
03/15/2019 01:20	18 Breaths/min
03/13/2019 21:45	16 Breaths/min
03/13/2019 21:44	18 Breaths/min
03/13/2019 00:44	16 Breaths/min
03/13/2019 00:43	18 Breaths/min
03/12/2019 13:09	16 Breaths/min
03/12/2019 13:08	17 Breaths/min
03/11/2019 23:50	16 Breaths/min
03/11/2019 23:49	18 Breaths/min

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
03/10/2019 22:17	16 Breaths/min
03/10/2019 22:17	15 Breaths/min
03/09/2019 09:55	16 Breaths/min
03/08/2019 13:29	14 Breaths/min
03/08/2019 13:29	15 Breaths/min
03/07/2019 20:59	16 Breaths/min
03/07/2019 20:57	18 Breaths/min
03/07/2019 14:01	15 Breaths/min
03/07/2019 07:59	16 Breaths/min
03/06/2019 22:23	16 Breaths/min
03/06/2019 22:22	14 Breaths/min
03/06/2019 21:00	14 Breaths/min
03/06/2019 21:00	16 Breaths/min
03/05/2019 22:53	16 Breaths/min
03/05/2019 22:52	18 Breaths/min
03/05/2019 11:24	14 Breaths/min
03/05/2019 10:19	16 Breaths/min
03/04/2019 23:43	18 Breaths/min
03/04/2019 23:42	18 Breaths/min
03/04/2019 16:48	16 Breaths/min
03/04/2019 11:21	14 Breaths/min
03/04/2019 11:13	14 Breaths/min
03/03/2019 19:01	16 Breaths/min
03/03/2019 18:17	17 Breaths/min
03/03/2019 12:54	18 Breaths/min
03/03/2019 09:05	18 Breaths/min
03/02/2019 19:38	17 Breaths/min
03/02/2019 17:07	16 Breaths/min
03/02/2019 17:06	16 Breaths/min
03/02/2019 16:27	17 Breaths/min
03/02/2019 00:06	16 Breaths/min
03/02/2019 00:05	18 Breaths/min
02/28/2019 21:55	17 Breaths/min
02/28/2019 18:38	18 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
02/28/2019 13:52	14 Breaths/min
02/28/2019 13:51	14 Breaths/min
02/27/2019 21:45	16 Breaths/min
02/27/2019 21:43	18 Breaths/min
02/27/2019 11:11	14 Breaths/min
02/27/2019 08:10	14 Breaths/min
02/26/2019 23:46	17 Breaths/min
02/26/2019 23:46	19 Breaths/min
02/26/2019 13:30	15 Breaths/min
02/25/2019 21:45	16 Breaths/min
02/25/2019 21:44	18 Breaths/min
02/25/2019 14:32	16 Breaths/min
02/24/2019 21:58	16 Breaths/min
02/24/2019 21:58	18 Breaths/min
02/24/2019 11:00	18 Breaths/min
02/24/2019 09:24	18 Breaths/min
02/23/2019 23:15	18 Breaths/min
02/23/2019 23:14	18 Breaths/min
02/23/2019 11:09	18 Breaths/min
02/23/2019 09:18	18 Breaths/min
02/22/2019 23:49	16 Breaths/min
02/22/2019 23:48	18 Breaths/min
02/22/2019 16:45	15 Breaths/min
02/22/2019 16:45	14 Breaths/min
02/22/2019 09:43	16 Breaths/min
02/22/2019 09:42	16 Breaths/min
02/21/2019 21:44	15 Breaths/min
02/21/2019 21:43	17 Breaths/min
02/20/2019 20:12	16 Breaths/min
02/20/2019 20:11	18 Breaths/min
02/20/2019 17:35	15 Breaths/min
02/20/2019 17:35	16 Breaths/min
02/19/2019 21:39	16 Breaths/min
02/19/2019 16:12	16 Breaths/min

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
02/19/2019 15:51	17 Breaths/min
02/19/2019 15:50	18 Breaths/min
02/18/2019 23:18	16 Breaths/min
02/18/2019 23:17	18 Breaths/min
02/18/2019 14:43	16 Breaths/min
02/18/2019 14:43	17 Breaths/min
02/17/2019 19:20	16 Breaths/min
02/17/2019 16:19	17 Breaths/min
02/17/2019 12:51	17 Breaths/min
02/17/2019 08:50	18 Breaths/min
02/16/2019 20:05	17 Breaths/min
02/16/2019 16:04	16 Breaths/min
02/16/2019 12:26	17 Breaths/min
02/16/2019 08:24	17 Breaths/min
02/15/2019 21:05	16 Breaths/min
02/15/2019 19:38	17 Breaths/min
02/14/2019 21:26	16 Breaths/min
02/14/2019 21:25	18 Breaths/min
02/14/2019 15:17	15 Breaths/min
02/14/2019 10:51	15 Breaths/min
02/14/2019 08:27	16 Breaths/min
02/13/2019 22:18	17 Breaths/min
02/13/2019 22:17	19 Breaths/min
02/13/2019 07:56	15 Breaths/min
02/12/2019 20:10	15 Breaths/min
02/12/2019 17:58	18 Breaths/min
02/12/2019 09:33	16 Breaths/min
02/11/2019 20:11	16 Breaths/min
02/11/2019 20:09	18 Breaths/min
02/11/2019 13:38	14 Breaths/min
02/11/2019 09:45	14 Breaths/min
02/10/2019 19:30	16 Breaths/min
02/10/2019 16:27	17 Breaths/min
02/10/2019 11:24	16 Breaths/min

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
02/10/2019 10:52	18 Breaths/min
02/09/2019 21:16	16 Breaths/min
02/09/2019 16:16	17 Breaths/min
02/09/2019 12:32	16 Breaths/min
02/09/2019 08:22	17 Breaths/min
02/09/2019 00:30	15 Breaths/min
02/09/2019 00:29	17 Breaths/min
02/08/2019 12:20	15 Breaths/min
02/08/2019 12:18	18 Breaths/min
02/07/2019 20:08	18 Breaths/min
02/07/2019 17:23	18 Breaths/min
02/07/2019 14:19	15 Breaths/min
02/07/2019 14:18	16 Breaths/min
02/06/2019 19:28	16 Breaths/min
02/06/2019 19:25	18 Breaths/min
02/06/2019 15:23	16 Breaths/min
02/06/2019 09:39	16 Breaths/min
02/05/2019 22:33	16 Breaths/min
02/05/2019 22:29	18 Breaths/min
02/05/2019 16:55	15 Breaths/min
02/05/2019 16:55	16 Breaths/min
02/04/2019 21:23	16 Breaths/min
02/04/2019 21:22	18 Breaths/min
02/04/2019 14:26	16 Breaths/min
02/04/2019 10:18	16 Breaths/min
02/03/2019 22:55	17 Breaths/min
02/03/2019 16:51	17 Breaths/min
02/03/2019 13:12	17 Breaths/min
02/03/2019 08:11	17 Breaths/min
02/02/2019 22:43	16 Breaths/min
02/02/2019 16:42	17 Breaths/min
02/02/2019 13:00	16 Breaths/min
02/02/2019 07:59	18 Breaths/min
02/01/2019 22:39	16 Breaths/min

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
02/01/2019 22:38	18 Breaths/min
02/01/2019 12:10	16 Breaths/min
02/01/2019 09:18	18 Breaths/min
01/31/2019 19:48	16 Breaths/min
01/31/2019 19:47	18 Breaths/min
01/31/2019 16:14	14 Breaths/min
01/31/2019 12:15	16 Breaths/min
01/31/2019 09:48	14 Breaths/min
01/30/2019 22:20	16 Breaths/min
01/30/2019 22:19	18 Breaths/min
01/30/2019 12:49	14 Breaths/min
01/29/2019 22:35	15 Breaths/min
01/29/2019 22:34	14 Breaths/min
01/29/2019 19:59	16 Breaths/min
01/29/2019 19:58	18 Breaths/min
01/29/2019 01:08	17 Breaths/min
01/29/2019 01:07	19 Breaths/min
01/28/2019 16:14	16 Breaths/min
01/28/2019 16:13	16 Breaths/min
01/27/2019 23:01	16 Breaths/min
01/27/2019 20:35	18 Breaths/min
01/27/2019 20:35	16 Breaths/min
01/27/2019 16:01	17 Breaths/min
01/26/2019 16:03	17 Breaths/min
01/26/2019 11:34	17 Breaths/min
01/26/2019 10:58	18 Breaths/min
01/25/2019 19:21	16 Breaths/min
01/25/2019 19:20	18 Breaths/min
01/24/2019 19:48	16 Breaths/min
01/24/2019 19:47	18 Breaths/min
01/24/2019 14:43	16 Breaths/min
01/24/2019 09:27	14 Breaths/min
01/24/2019 08:42	16 Breaths/min
01/24/2019 08:41	16 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/23/2019 23:48	16 Breaths/min
01/23/2019 23:47	18 Breaths/min
01/22/2019 19:42	17 Breaths/min
01/22/2019 19:12	19 Breaths/min
01/22/2019 19:09	16 Breaths/min
01/22/2019 19:09	14 Breaths/min
01/21/2019 21:04	14 Breaths/min
01/21/2019 18:10	16 Breaths/min
01/20/2019 20:36	17 Breaths/min
01/20/2019 20:35	18 Breaths/min
01/20/2019 11:01	20 Breaths/min
01/20/2019 07:29	20 Breaths/min
01/19/2019 23:32	17 Breaths/min
01/19/2019 18:26	17 Breaths/min
01/19/2019 16:13	14 Breaths/min
01/19/2019 13:40	17 Breaths/min
01/19/2019 09:39	16 Breaths/min
01/18/2019 22:34	17 Breaths/min
01/18/2019 22:31	19 Breaths/min
01/18/2019 09:56	16 Breaths/min
01/17/2019 19:22	16 Breaths/min
01/17/2019 19:20	18 Breaths/min
01/17/2019 15:51	16 Breaths/min
01/17/2019 10:16	14 Breaths/min
01/16/2019 10:00	16 Breaths/min
01/16/2019 00:40	15 Breaths/min
01/16/2019 00:28	18 Breaths/min
01/16/2019 00:28	20 Breaths/min
01/15/2019 08:47	16 Breaths/min
01/14/2019 20:09	17 Breaths/min
01/14/2019 20:05	19 Breaths/min
01/14/2019 11:06	16 Breaths/min
01/14/2019 09:51	16 Breaths/min
01/13/2019 20:54	17 Breaths/min

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

Date	Value
01/13/2019 18:16	17 Breaths/min
01/13/2019 11:07	17 Breaths/min
01/13/2019 10:13	16 Breaths/min
01/12/2019 19:13	17 Breaths/min
01/12/2019 17:47	17 Breaths/min
01/12/2019 12:39	16 Breaths/min
01/12/2019 08:41	16 Breaths/min
01/11/2019 19:31	16 Breaths/min
01/11/2019 18:55	18 Breaths/min
01/11/2019 12:38	16 Breaths/min
01/11/2019 09:17	16 Breaths/min
01/10/2019 20:47	17 Breaths/min
01/10/2019 18:09	18 Breaths/min
01/10/2019 15:04	15 Breaths/min
01/10/2019 08:49	16 Breaths/min
01/09/2019 19:00	17 Breaths/min
01/09/2019 17:49	19 Breaths/min
01/09/2019 14:39	16 Breaths/min
01/09/2019 09:10	14 Breaths/min
01/08/2019 18:13	18 Breaths/min
01/08/2019 13:47	14 Breaths/min
01/08/2019 08:30	14 Breaths/min
01/07/2019 17:55	15 Breaths/min
01/07/2019 17:55	16 Breaths/min
01/06/2019 22:08	17 Breaths/min
01/06/2019 16:26	17 Breaths/min
01/06/2019 14:27	16 Breaths/min
01/06/2019 07:14	16 Breaths/min
01/05/2019 22:11	16 Breaths/min
01/05/2019 22:08	16 Breaths/min
01/05/2019 13:35	16 Breaths/min
01/05/2019 09:40	16 Breaths/min
01/04/2019 19:44	18 Breaths/min
01/04/2019 19:43	19 Breaths/min

Only vitals with data are displayed



Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
01/03/2019 19:26	16 Breaths/min
01/03/2019 17:51	15 Breaths/min
01/03/2019 17:29	18 Breaths/min
01/03/2019 10:29	14 Breaths/min
01/02/2019 19:59	18 Breaths/min
01/02/2019 19:58	18 Breaths/min
01/02/2019 17:36	14 Breaths/min
01/01/2019 20:48	18 Breaths/min
01/01/2019 20:47	18 Breaths/min
01/01/2019 14:32	14 Breaths/min
01/01/2019 14:31	14 Breaths/min
12/31/2018 21:30	18 Breaths/min
12/31/2018 21:29	18 Breaths/min
12/31/2018 16:14	14 Breaths/min
12/31/2018 08:44	14 Breaths/min
12/30/2018 21:40	17 Breaths/min
12/30/2018 18:07	16 Breaths/min
12/30/2018 12:50	17 Breaths/min
12/30/2018 08:55	16 Breaths/min
12/29/2018 19:28	16 Breaths/min
12/29/2018 15:04	16 Breaths/min
12/29/2018 12:12	16 Breaths/min
12/28/2018 22:20	20 Breaths/min
12/28/2018 20:30	16 Breaths/min
12/28/2018 17:13	15 Breaths/min
12/28/2018 17:13	16 Breaths/min
12/27/2018 18:26	18 Breaths/min
12/27/2018 09:32	16 Breaths/min
12/26/2018 18:28	18 Breaths/min
12/26/2018 14:22	14 Breaths/min
12/26/2018 14:21	14 Breaths/min
12/25/2018 20:28	20 Breaths/min
12/25/2018 17:09	20 Breaths/min
12/25/2018 12:42	16 Breaths/min

Only vitals with data are displayed

Resident: Norman, Ella DOB: 6/19/1936 Gender: Female MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/25/2018 08:43	16 Breaths/min
12/25/2018 08:16	15 Breaths/min
12/25/2018 08:16	14 Breaths/min
12/24/2018 19:36	18 Breaths/min
12/23/2018 19:27	18 Breaths/min
12/23/2018 17:17	17 Breaths/min
12/23/2018 09:26	17 Breaths/min
12/22/2018 11:34	16 Breaths/min
12/22/2018 10:42	16 Breaths/min
12/21/2018 17:51	18 Breaths/min
12/21/2018 15:35	14 Breaths/min
12/21/2018 08:18	18 Breaths/min
12/20/2018 17:39	18 Breaths/min
12/20/2018 13:11	14 Breaths/min
12/20/2018 09:46	14 Breaths/min
12/19/2018 18:59	18 Breaths/min
12/19/2018 14:34	16 Breaths/min
12/19/2018 14:33	14 Breaths/min
12/18/2018 21:26	18 Breaths/min
12/18/2018 15:42	16 Breaths/min
12/18/2018 15:42	14 Breaths/min
12/17/2018 17:26	18 Breaths/min
12/17/2018 11:59	14 Breaths/min
12/17/2018 08:58	14 Breaths/min
12/16/2018 23:41	16 Breaths/min
12/16/2018 17:08	16 Breaths/min
12/16/2018 16:32	16 Breaths/min
12/16/2018 09:01	16 Breaths/min
12/15/2018 20:04	16 Breaths/min
12/15/2018 16:31	17 Breaths/min
12/15/2018 12:32	18 Breaths/min
12/15/2018 09:40	16 Breaths/min
12/14/2018 18:51	18 Breaths/min
12/14/2018 13:45	14 Breaths/min

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
12/14/2018 13:44	16 Breaths/min
12/14/2018 13:17	16 Breaths/min
12/13/2018 07:27	14 Breaths/min
12/12/2018 20:30	18 Breaths/min
12/12/2018 13:35	16 Breaths/min
12/11/2018 13:12	16 Breaths/min
12/11/2018 13:10	16 Breaths/min
12/10/2018 19:05	18 Breaths/min
09/04/2018 10:26	18 Breaths/min
09/03/2018 13:59	18 Breaths/min
08/29/2018 14:28	16 Breaths/min
08/28/2018 13:06	18 Breaths/min
08/05/2018 16:10	18 Breaths/min
08/04/2018 10:00	17 Breaths/min
08/03/2018 08:28	16 Breaths/min
08/02/2018 08:41	16 Breaths/min
08/01/2018 08:22	16 Breaths/min
07/31/2018 08:20	16 Breaths/min
07/30/2018 08:17	16 Breaths/min
07/28/2018 08:45	16 Breaths/min
07/27/2018 08:08	18 Breaths/min
07/22/2018 10:24	17 Breaths/min
06/09/2018 08:23	16 Breaths/min
05/20/2018 08:38	18 Breaths/min
03/22/2018 11:02	20 Breaths/min
03/14/2018 14:29	18 Breaths/min
02/19/2018 14:34	18 Breaths/min
02/14/2018 09:04	20 Breaths/min

Temperature Summary Baseline: N/A

12/11/2019 09:30	98.1 °F (Tympanic)
10/10/2019 15:13	97.6 °F (Tympanic)
09/11/2019 20:30	98.7 °F (Tympanic)
05/14/2019 01:06	98 °F (Temporal Artery)
05/13/2019 14:37	97.5 °F (Tympanic)

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
05/13/2019 01:19	97.9 °F (Temporal Artery)
05/12/2019 11:17	98 °F (Tympanic)
05/12/2019 01:13	98.3 °F (Temporal Artery)
05/11/2019 02:06	98.1 °F (Temporal Artery)
05/09/2019 08:46	98.2 °F (Tympanic)
05/08/2019 01:15	98.5 °F (Temporal Artery)
05/07/2019 02:55	98.5 °F (Temporal Artery)
05/06/2019 01:03	98.7 °F (Temporal Artery)
05/05/2019 10:03	97.7 °F (Tympanic)
05/05/2019 01:30	98.9 °F (Temporal Artery)
05/04/2019 18:49	97.7 °F (Tympanic)
05/04/2019 11:12	97.7 °F (Tympanic)
05/02/2019 01:26	98.3 °F (Temporal Artery)
05/01/2019 01:30	98.3 °F (Temporal Artery)
04/30/2019 09:01	97.6 °F (Tympanic)
04/30/2019 01:44	97.5 °F (Temporal Artery)
04/29/2019 01:39	97.5 °F (Temporal Artery)
04/28/2019 19:35	97.6 °F (Tympanic)
04/28/2019 00:59	97.8 °F (Temporal Artery)
04/27/2019 16:36	96.9 °F (Tympanic)
04/27/2019 16:16	78 °F (Tympanic)
04/27/2019 00:27	97.9 °F (Temporal Artery)
04/26/2019 01:21	97.9 °F (Temporal Artery)
04/25/2019 19:38	97.5 °F (Tympanic)
04/25/2019 12:42	97.6 °F (Tympanic)
04/25/2019 01:05	97.5 °F (Temporal Artery)
04/24/2019 14:59	97.1 °F (Tympanic)
04/24/2019 09:13	97.1 °F (Tympanic)
04/24/2019 00:54	97.6 °F (Temporal Artery)
04/23/2019 22:55	98 °F (Tympanic)
04/23/2019 01:22	97.5 °F (Temporal Artery)
04/22/2019 15:50	97.6 °F (Tympanic)
04/21/2019 16:20	97.8 °F (Tympanic)
04/21/2019 16:19	97.8 °F (Tympanic)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
04/20/2019 15:01	97.6 °F (Tympanic)
04/20/2019 09:26	98 °F (Tympanic)
04/20/2019 01:03	97.8 °F (Temporal Artery)
04/19/2019 00:44	98.2 °F (Temporal Artery)
04/18/2019 19:02	98.6 °F (Tympanic)
04/18/2019 00:49	97.8 °F (Temporal Artery)
04/17/2019 16:17	98.2 °F (Tympanic)
04/17/2019 01:36	97.9 °F (Temporal Artery)
04/16/2019 16:44	97.9 °F (Tympanic)
04/16/2019 01:29	98.2 °F (Temporal Artery)
04/15/2019 22:57	97.7 °F (Tympanic)
04/15/2019 02:14	98.1 °F (Temporal Artery)
04/14/2019 09:52	98.2 °F (Tympanic)
04/14/2019 01:48	97.5 °F (Temporal Artery)
04/13/2019 14:14	97.8 °F (Tympanic)
04/13/2019 09:23	97.8 °F (Tympanic)
04/13/2019 06:46	97.5 °F (Oral)
04/12/2019 20:41	97.4 °F (Tympanic)
04/12/2019 20:29	97.6 °F (Tympanic)
04/12/2019 02:20	97.4 °F (Temporal Artery)
03/04/2019 16:00	98.2 °F (Tympanic)
09/05/2018 06:45	97.6 °F (Temporal Artery)
09/04/2018 10:26	97.4 °F (Tympanic)
09/03/2018 13:58	97.6 °F (Tympanic)
08/29/2018 14:28	97.3 °F (Tympanic)
08/28/2018 13:06	97.3 °F (Tympanic)
08/05/2018 16:10	98.4 °F (Tympanic)
08/04/2018 10:00	98.1 °F (Tympanic)
08/03/2018 08:28	97.3 °F (Tympanic)
08/02/2018 08:41	97.9 °F (Tympanic)
08/01/2018 08:22	97.3 °F (Tympanic)
07/31/2018 08:20	97.3 °F (Tympanic)
07/30/2018 08:17	98.2 °F (Tympanic)
07/28/2018 08:45	98 °F (Tympanic)

Only vitals with data are displayed

## Skyline Nursing Center

## Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

<u>Date</u>	<u>Value</u>
07/27/2018 08:08	97.3 °F (Tympanic)
07/22/2018 10:24	98.6 °F (Tympanic)
06/09/2018 08:23	96.9 °F (Tympanic)
05/20/2018 08:38	97.3 °F (Tympanic)
03/14/2018 14:29	96.3 °F (Axilla)
02/19/2018 14:34	96.5 °F (Axilla)
02/19/2018 06:10	97.2 °F (Temporal Artery)
02/14/2018 09:04	97.8 °F (Axilla)
Weight Summary Baseline: N/A	
03/02/2020 16:57	151.2 Lbs
02/13/2020 13:18	154.4 Lbs
02/04/2020 13:17	152.2 Lbs
01/26/2020 13:17	155.4 Lbs
01/03/2020 13:49	161.4 Lbs
12/06/2019 09:08	168.8 Lbs
11/07/2019 15:36	178.2 Lbs
10/24/2019 14:57	177.6 Lbs (Standing)
10/10/2019 19:59	180.8 Lbs
09/05/2019 12:33	188.2 Lbs
08/06/2019 15:54	192.6 Lbs
07/08/2019 12:02	198.6 Lbs
05/02/2019 12:33	205.4 Lbs
04/10/2019 16:03	208.4 Lbs
03/08/2019 10:29	207.6 Lbs
02/04/2019 14:04	207 Lbs
01/06/2019 14:26	204.2 Lbs
12/06/2018 15:45	201 Lbs
11/01/2018 14:48	195.8 Lbs
10/04/2018 15:27	200.6 Lbs
09/07/2018 13:24	199.2 Lbs
08/13/2018 11:18	191.8 Lbs
07/04/2018 09:31	199 Lbs
06/07/2018 10:32	197 Lbs
05/13/2018 23:34	190.6 Lbs

Only vitals with data are displayed

Skyline Nursing Center

Weights and Vitals Summary

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

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Resident: Norman, Ella (32397)

Vital: Blood Pressure, Blood Sugar, Height, O2 sats, Pain Level, Pulse, Respiration, Temperature, Weight

Effective Date Range: 01/01/2018 - 03/27/2020

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<u>Date</u>	<u>Value</u>
04/07/2018 23:51	186.8 Lbs
03/22/2018 10:58	187.6 Lbs (Standing)
03/05/2018 13:46	184.8 Lbs
02/02/2018 15:17	193.4 Lbs
01/06/2018 12:54	187.2 Lbs

Resident: Norman, Ella

DOB: 6/19/1936

Gender: Female

MR#: 32397

Date Range: 1/1/2018 to 3/27/2020

Primary Physician: All Progress Note Type: Activity, Admit/Readmit, Admit/Readmit, Alert Charting, Behavior (SPN), CAAs Summary, Care Plan Progress Note, Change of Condition, Change of Condition, Communication with MD, Communication with Resident/Family, COMS (R) Braden Evaluation, COMS (R) LTC Assessment, COMS (R) LTC Assessment... Effective Date Range: 01/01/2018 to 03/27/2020 Effective Time Range: All Created Date Range: All Created Time Range: All Author: All Department: All

Resident Name : Norman, Ella (32397) Location : Admission 02/07/2020  
Date :  
Medical Record # : 32397 Gender : F Date of Birth : 06/19/1936  
Physician : Bhusari, Vaishali Pharmacy : Pharmscript of Texas North  
Allergies : Lisinopril, ACE Inhibitors  
Diagnoses : MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED(F33.9), ESSENTIAL (PRIMARY) HYPERTENSION(I10), UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE(F03.90), LOCALIZED OSTEOPOROSIS [LEQUESNE](M81.6), CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)(N18.3), BRADYCARDIA, UNSPECIFIED(R00.1), TREMOR, UNSPECIFIED(R25.1), OTHER SCHIZOAFFECTIVE DISORDERS(F25.8), OTHER ABNORMALITIES OF GAIT AND MOBILITY(R26.89), UNSTEADINESS ON FEET(R26.81), UNSPECIFIED LACK OF COORDINATION(R27.9), PAIN IN RIGHT KNEE(M25.561), MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, UNSPECIFIED SITE(M62.50), UNSPECIFIED ASTHMA, UNCOMPLICATED(J45.909), ALZHEIMER'S DISEASE, UNSPECIFIED(G30.9), MUSCLE WEAKNESS (GENERALIZED)(M62.81), OTHER LACK OF COORDINATION (R27.8), PRESENCE OF RIGHT ARTIFICIAL KNEE JOINT(Z96.651), AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY (Z47.1), DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED(R26.2), MUSCLE WASTING AND ATROPHY, NOT ELSEWHERE CLASSIFIED, MULTIPLE SITES(M62.59), DYSPHAGIA, OROPHARYNGEAL PHASE(R13.12)

Created Date: 03/27/2020 22:03

Effective Date: 03/27/2020 21:57 Type: Change of Condition

**Note Text :**

THIS NURSE WAS DOING DAILY V/S AND TOOK THIS PATIENTS TEMP,, IT READ 101.3 THIS NURSE NOTIFIED THE DON OF THE CHANGES. THIS NURSE NOTIFIED THE DR. @ 2015 AN ORDER WAS GIVEN TO SEND PATIENT TO THE ER. THIS NURSE CALLED ALLEGIANCE TRANSPORT I WAS TOLD IT WOULD BE A 2 HOUR WAIT TIME. PATIENT HAS LITTLE TO NO COUGHING, BUT FEELING DIZZY, AND NO CONGESTION NOTED. O2 SAT READ AT 96%. PATIENT EXITED THE BUILDING @ 2146 HEADED TO METHODIST FOR AN EVALUATION

Author: Monique Lewis Nursing - LVN [e-SIGNED]

Signature: \_\_\_\_\_

Created Date: 03/25/2020 21:49

Effective Date: 03/25/2020 21:40 Type: Medical Practitioner Note (Physician/PA/NP)

**Note Text :**

Follow up care for :

1. Depression,
2. Dementia
3. Hypertension
4. Chronic kidney disease
5. bradycardia
6. Left leg pain

Subjective

3/25 seen and examined

reviewed chart

pt denies pain, denies pain to right knee

Discussed with patient a

nd family about social distancing

All concerns reviewed

Medication: Potassium, Oscal, Amlodipine, Vitamin C, Aspirin, Lidocaine, Tramadol, Megastrol, Zolof, Fluticasone, Neurontin, HCTZ, Magnesium, Symbicort, Zytrec, Multivitamin



# EXHIBIT 2



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460  
OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

**List N: EPA's Registered Antimicrobial Products for Use Against  
Novel Coronavirus SARS-CoV-2, the Cause of COVID-19**

**Date: 03/03/2020**

An individual pesticide product may be marketed and sold under a variety of names. If you are seeking additional information about a pesticide product, refer to the EPA Registration Number (EPA Reg. No.), found on the product label, not the brand name. When purchasing a product for use against a specific pathogen, check the EPA Reg. No. versus the products included on this list.

All EPA-registered pesticides must have an EPA Registration Number. Alternative brand names have the same EPA Reg. No. as the primary product. The EPA Reg. No. of a primary product consists of two set of numbers separated by a hyphen, for example EPA Reg. No. 12345-12. The first set of numbers refers to the company identification number, and the second set of numbers following the hyphen represents the product number.

In addition to primary products, distributors may also sell products with identical formulations and identical efficacy as the primary products. Although distributor products frequently use different brand names, you can identify them by their three-part EPA Reg. No. The first two parts of the EPA Reg. No. match the primary product, plus a third set of numbers that represents the Distributor ID number. For example, EPA Reg. No. 12345-12-2567 is a distributor product with an identical formulation and efficacy to the primary product with the EPA Reg. No. 12345-12.

Information about listed products is current as indicated by the dates on this list. If you would like to review the product label information for any of these products, please visit our [product label system](#). Inclusion on this list does not constitute an endorsement by EPA.

RTU- Ready-to-Use



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460  
OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

Registration Number	Product Name	Company	Formulation Type
<a href="#">1677-129</a>	COSA OXONIA ACTIVE	Ecolab Inc	DILUTABLE
<a href="#">1677-226</a>	VIRASEPT	Ecolab Inc	RTU
<a href="#">1677-235</a>	BLEACH DISINFECTANT CLEANER	Ecolab Inc	RTU
<a href="#">1677-237</a>	OXYCIDE DAILY DISINFECTANT CLEANER	Ecolab Inc	DILUTABLE
<a href="#">1677-238</a>	PEROXIDE MULTI SURFACE CLEANER AND DISINFECTANT	Ecolab Inc/Kay Chemical Co.	DILUTABLE
<a href="#">1677-249</a>	KLERCIDE 70/30 IPA	Ecolab Inc	RTU
<a href="#">1677-251</a>	PEROXIDE DISINFECTANT AND GLASS CLEANER RTU	Ecolab Inc/Kay Chemical Co.	RTU
<a href="#">1839-220</a>	SC-RTU DISINFECTANT CLEANER	Stepan Company	RTU
<a href="#">1839-248</a>	Stepan Spray Disinfectant Concentrate	Stepan Company	DILUTABLE
<a href="#">1839-83</a>	DETERGENT DISINFECTANT PUMP SPRAY	Stepan Company	RTU
<a href="#">1839-83</a>	DETERGENT DISINFECTANT PUMP SPRAY	STEPAN COMPANY	RTU
<a href="#">4091-21</a>	CONDOR 2	W.M. BARR & COMPANY, INC	RTU
<a href="#">4091-22</a>	RAPTOR 5	W.M. BARR & COMPANY, INC	RTU
<a href="#">42182-9</a>	FIREBIRD F130	MICROBAN PRODUCTS COMPANY	RTU



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WASHINGTON, D.C. 20460  
OFFICE OF CHEMICAL SAFETY AND POLLUTION PREVENTION

Registration Number	Product Name	Company	Formulation Type
<a href="#">47371-129</a>	FORMATION HWS-256	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<a href="#">47371-130</a>	FORMATION HWS-128	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<a href="#">47371-131</a>	HWS-64	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<a href="#">47371-192</a>	FORMATION HWS-32	H&S CHEMICALS DIVISION OF LONZA, LLC	DILUTABLE
<a href="#">56392-7</a>	Clorox Healthcare® Bleach Germicidal Cleaner Spray	Clorox Professional Products Company	RTU
<a href="#">5813-105</a>	Clorox Multi Surface Cleaner + Bleach	The Clorox Company	RTU
<a href="#">5813-110</a>	Clorox Pet Solutions Advanced Formula Disinfecting Stain & Odor Remover	The Clorox Company	RTU
<a href="#">5813-111</a>	Clorox Disinfecting Bleach2	The Clorox Company	DILUTABLE
<a href="#">5813-114</a>	Clorox Performance Bleach1	The Clorox Company	DILUTABLE
<a href="#">5813-115</a>	Clorox Germicidal Bleach3	The Clorox Company	RTU
<a href="#">5813-21</a>	Clorox Clean Up Cleaner + Bleach	The Clorox Company	RTU
<a href="#">5813-40</a>	Clorox Disinfecting Bathroom Cleaner	The Clorox Company	RTU
<a href="#">5813-79</a>	Clorox Disinfecting Wipes	The Clorox Company	WIPE
<a href="#">5813-89</a>	Clorox Toilet Bowl Cleaner with Bleach	The Clorox Company	RTU
<a href="#">63761-10</a>	STERILEX ULTRA STEP	STERILEX	DILUTABLE
<a href="#">63761-8</a>	STERILEX ULTRA DISINFECTANT	STERILEX	DILUTABLE



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Registration Number	Product Name	Company	Formulation Type
	CLEANER SOLUTION 1		
<a href="#">675-54</a>	LYSOL BRAND HEAVY DUTY CLEANER DISINFECTANT CONCENTRATE	RECKITT BENCKISER	DILUTABLE
<a href="#">67619-12</a>	Clorox Healthcare® Bleach Germicidal Wipes	Clorox Professional Products Company	WIPE
<a href="#">67619-16</a>	Clorox Commercial Solutions® Toilet Bowl Cleaner with Bleach1	Clorox Professional Products Company	RTU
<a href="#">67619-17</a>	Clorox Commercial Solutions® Clorox® Clean-Up Disinfectant Cleaner with Bleach1	Clorox Professional Products Company	RTU
<a href="#">67619-21</a>	Clorox Commercial Solutions® Clorox® Disinfecting Spray	Clorox Professional Products Company	RTU
<a href="#">67619-24</a>	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant	Clorox Professional Products Company	RTU
<a href="#">67619-25</a>	Clorox Commercial Solutions® Hydrogen Peroxide Cleaner Disinfectant Wipes	Clorox Professional Products Company	WIPE
<a href="#">67619-29</a>	Saginaw	Clorox Professional Products Company	RTU
<a href="#">67619-30</a>	GNR	Clorox Professional Products Company	RTU
<a href="#">67619-31</a>	Clorox Commercial Solutions® Clorox® Disinfecting Wipes	Clorox Professional Products Company	WIPE
<a href="#">67619-32</a>	CloroxPro™ Clorox® Germicidal Bleach	Clorox Professional Products Company	DILUTABLE



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Registration Number	Product Name	Company	Formulation Type
<a href="#">67619-33</a>	Clorox Commercial Solutions® Clorox® Disinfecting Biostain & Odor Remover	Clorox Professional Products Company	RTU
<a href="#">67619-37</a>	Clorox Healthcare® VersaSure® Wipes	Clorox Professional Products Company	WIPE
<a href="#">67619-38</a>	CloroxPro™ Clorox Total 360® Disinfecting Cleaner1	Clorox Professional Products Company	RTU
<a href="#">6836-140</a>	LONZA FORMULATION S-21F	LONZA, LLC	DILUTABLE
<a href="#">6836-152</a>	LONZA FORMULATION DC-103	LONZA, LLC	RTU
<a href="#">6836-266</a>	BARDAC 205M-10	LONZA, LLC	DILUTABLE
<a href="#">6836-278</a>	BARDAC 205M-14.08	LONZA, LLC	DILUTABLE
<a href="#">6836-289</a>	BARDAC 205M RTU	LONZA, LLC	RTU
<a href="#">6836-289</a>	BARDAC 205M RTU	LONZA, LLC	RTU
<a href="#">6836-302</a>	BARDAC 205M-2.6	LONZA, LLC	DILUTABLE
<a href="#">6836-305</a>	BARDAC 205M-23	LONZA, LLC	DILUTABLE
<a href="#">6836-313</a>	LONZA DISINFECTANT WIPES	LONZA, LLC	WIPE
<a href="#">6836-340</a>	LONZA DISINFECTANT WIPES PLUS 2	LONZA, LLC	WIPE
<a href="#">6836-349</a>	LONZAGARD RCS-256 PLUS	LONZA, LLC	DILUTABLE
<a href="#">6836-361</a>	NUGEN MB5A-256	LONZA, LLC	DILUTABLE
<a href="#">6836-364</a>	NUGEN MB5N-256	LONZA, LLC	DILUTABLE
<a href="#">6836-365</a>	NUGEN MB5N-128	LONZA, LLC	DILUTABLE
<a href="#">6836-70</a>	BARDAC 205M-7.5	LONZA, LLC	DILUTABLE
<a href="#">6836-75</a>	LONZA FOUMLATION S-21	LONZA, LLC	DILUTABLE



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Registration Number	Product Name	Company	Formulation Type
<a href="#">6836-77</a>	LONZA FORMULATION S-18	LONZA, LLC	DILUTABLE
<a href="#">6836-78</a>	LONZA FORMULATION R-82	LONZA, LLC	DILUTABLE
<a href="#">70627-24</a>	VIREX™ II / 256	Diversey, Inc.	DILUTABLE
<a href="#">70627-56</a>	OXIVIR Tb	Diversey, Inc.	RTU
<a href="#">70627-58</a>	OXY-TEAM™ DISINFECTANT CLEAENER	Diversey, Inc.	DILUTABLE
<a href="#">70627-60</a>	OXIVIR™ WIPES	Diversey, Inc.	WIPE
<a href="#">70627-72</a>	Avert Sporicial Disinfectant Cleaner	Diversey, Inc.	DILUTABLE
<a href="#">70627-74</a>	OXIVIR 1	Diversey, Inc.	RTU
<a href="#">70627-77</a>	Oxivir 1 Wipes	Diversey, Inc.	WIPE
<a href="#">71847-6</a>	KLORSEPT	MEDENTECH LTD	DILUTABLE
<a href="#">71847-7</a>	KLORKLEEN 2	MEDENTECH LTD	DILUTABLE
<a href="#">777-127</a>	LYSOL® DISINFECTANT MAX COVER MIST	RECKITT BENCKISER	RTU
<a href="#">777-132</a>	LYSOL BRAND POWER PLUS TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
<a href="#">777-70</a>	LYSOL BRAND CLING & FRESH TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
<a href="#">777-81</a>	LYSOL BRAND LIME & RUST TOILET BOWL CLEANER	RECKITT BENCKISER	RTU
<a href="#">777-83</a>	LYSOL BRAND BLEACH MOLD AND MILDEW REMOVER	RECKITT BENCKISER	RTU
<a href="#">777-89</a>	LYSOL BRAND CLEAN & FRESH	RECKITT BENCKISER	DILUTABLE



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Registration Number	Product Name	Company	Formulation Type
	MULTI-SURFACE CLEANER		
<a href="#">777-99</a>	PROFESSIONAL LYSOL® DISINFECTANT SPRAY	RECKITT BENCKISER	RTU
<a href="#">84368-1</a>	URTHPRO	URTHTECH, LLC	RTU
85150-1	PURELL Professional Surface Disinfectant Wipes	GOJO Industries, Inc.	WIPE
<a href="#">88494-3</a>	PEAK DISINFECTANT	North American Infection Control, Ltd	RTU
<a href="#">88494-4</a>	PEAK DISINFECTANT WIPES	NORTH AMERICAN INFECTION CONTROL, LTD	WIPE
<a href="#">9480-10</a>	Sani-Prime Germicidal Spray	Professional Disposables International, Inc.	RTU
<a href="#">9480-12</a>	Sani-Cloth Prime Germicidal Disposable Wipe	Professional Disposables International, Inc.	WIPE
<a href="#">9480-14</a>	Sani-HyPerCide Germicidal Spray	Professional Disposables International, Inc.	RTU



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

**Ref: QSO-19-10-NH**

**DATE:** March 11, 2019

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Specialized Infection Prevention and Control Training for Nursing Home Staff in the Long-Term Care Setting is Now Available

**Memorandum Summary**

- The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff in the long-term care setting.
- The training provides approximately 19 hours of continuing education credits as well as a certificate of completion.
- The "Nursing Home Infection Preventionist Training Course" is located on CDC's TRAIN website ([https://www.train.org/cdctrain/training\\_plan/3814](https://www.train.org/cdctrain/training_plan/3814)).
- **This memo supersedes memo Quality, Safety & Oversight policy memorandum QSO 18-15-NH.**

**Background**

Healthcare-associated infections can result in considerable harm or death for residents in long-term care facilities and increased costs for the healthcare system. Growing concerns over infection control issues in facilities led to the revised requirements for participation. These requirements were phased in over a 3-year period. The broader infection prevention and control program was effective November 28, 2016, and outlined the specific components of an effective infection prevention and control program (IPCP) including a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents and staff. By November 28, 2017, facilities were required to develop an antibiotic stewardship program to combat the growing concern of multi-drug resistant organisms. Effective November 28, 2019, the final requirement includes specialized training in infection prevention and control for the individual(s) responsible for the facility's IPCP.

**Specialized Training for Infection Prevention and Control**

CMS and the CDC collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff. The course includes information about the core

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activities of an infection prevention and control program, with a detailed explanation of recommended practices to prevent pathogen transmission and reduce healthcare-associated infections and antibiotic resistance in nursing homes. Additionally, this course provides helpful implementation resources (e.g., training tools, checklists, signs, and policy and procedure templates). The course is approximately 19 hours long and is made up of 23 modules and submodules. The modules can be completed at any time, in any order, and over multiple sessions, depending on the learner's schedule. In order to receive continuing education for the course and a certificate of completion, learners must complete all modules and pass a post-course exam. The "Nursing Home Infection Preventionist Training Course" is available on CDC's TRAIN website ([https://www.train.org/cdctrain/training\\_plan/3814](https://www.train.org/cdctrain/training_plan/3814)). Completion of this course will provide specialized training in infection prevention and control.

The content of the training covers the following topics:

- Infection prevention and control program overview,
- Infection preventionist responsibilities,
- Quality assessment and performance improvement integration,
- Infection surveillance,
- Outbreaks,
- Principles of standard precautions,
- Principles of transmission-based precautions,
- Hand hygiene,
- Injection safety,
- Respiratory hygiene and cough etiquette,
- Device (i.e., indwelling urinary and central venous catheters) and wound management,
- Point-of-care blood testing,
- Reprocessing reusable resident care equipment,
- Environmental cleaning,
- Water management program,
- Linen management,
- Preventing respiratory infections,
- Tuberculosis prevention,
- Occupational health considerations,
- Antibiotic stewardship, and
- Care transitions.

The content of this course is not regulatory and was developed to inform and educate nursing homes in infection prevention and control best practices, however it does not guarantee compliance with the requirements of infection control within current regulations.

**Contact:** If you have questions concerning this memorandum, please send them to [DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov) with the subject line "Infection Control/QSO-19-10-NH."

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**Effective Date:** This information should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/  
Karen Tritz  
Acting Director

cc: Survey and Certification Regional Office Management

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
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**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

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**Ref: QSO-20-14-NH**

**DATE:** March 9, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes **(REVISED)**

**Memorandum Summary**

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).
- *Following the Food and Drug Administration's (FDA) emergency use authorization (EUA) expanding the use of certain industrial respirators to health care personnel, CMS is clarifying that such use is appropriate in Medicare/Medicaid certified providers and suppliers.*

**Background**

CMS is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

**Guidance**

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of

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potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information (Frequently Asked Questions) about some specific areas related to COVID-19:

### **Guidance for Limiting the Transmission of COVID-19 for Nursing Homes**

#### **How should facilities monitor or *restrict* visitors?**

If visitors meet the criteria below, facilities may restrict their entry to the facility. Regulations and guidance related to restricting a resident's right to visitors can be found at 42 CFR §483.10(f)(4), and at F-tag 563 of [Appendix PP of the State Operations Manual](#). Specifically, a facility may need to restrict or limit visitation rights for reasonable clinical and safety reasons. This includes, "restrictions placed to prevent community-associated infection or communicable disease transmission to the resident. A resident's risk factors for infection (e.g., chronic medical conditions) or current health state (e.g., end-of-life care) should be considered when restricting visitors. In general, visitors with signs and symptoms of a transmissible infection (e.g., a visitor is febrile and exhibiting signs and symptoms of an influenza-like illness) should defer visitation until he or she is no longer potentially infectious."

Facilities should *actively* screen *and restrict* visitation *by those who meet the following criteria*:

1. Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
2. *In the last 14 days*, has had contact with someone *with a confirmed diagnosis of COVID-19*, or under investigation for COVID-19, *or are ill with respiratory illness*.
3. International travel within the last 14 days to *countries with sustained community transmission*. For updated information on *affected* countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
4. *Residing in a community where community-based spread of COVID-19 is occurring*.

*For those individuals that do not meet the above criteria, facilities can allow entry but may require visitors to use Personal Protective Equipment (PPE) such as facemasks (see expanded guidance below).*

#### **Limiting visitors and individuals: Expanded recommendations:**

*CMS is providing the following expanded guidance to prevent the spread of COVID-19 (in addition to the information above about restricting visitors).*

- **Restricting** means the individual should not be allowed in the facility at all, until they no longer meet the criteria above.
- **Limiting** means the individual should not be allowed to come into the facility, except for certain situations, such as end-of-life situations or when a visitor is essential for the resident's emotional well-being and care.
- **Discouraging** means that the facility allows normal visitation practices (except for those individuals meeting the restricted criteria), however the facility advises individuals to defer visitation until further notice (through signage, calls, etc.).

1. Limiting or Discouraging visitation:

- a) **Limiting:** For facilities that are in counties, or counties adjacent to other counties where a COVID-19 case has occurred, we recommend **limiting** visitation (except in certain situations as indicated above). For example, a daughter who visits her mother every Monday, would cease these visits, and limit her visits to only those situations when her mom has a significant issue. Also, during the visit, the daughter would limit her contact with her mother and only meet with her in her room or a place the facility has specifically dedicated for visits.
  - b) **Discouraging:** For all other facilities (nationwide) not in those counties referenced above, we recommend **discouraging** visitation (except in certain situations). See below for methods to discourage visitation. Also see CDC guidance to "stay at home" <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html#stay-home>.
2. Facilities should increase visible signage at entrances/exist, offer temperature checks, increase availability to hand sanitizer, offer PPE for individuals entering the facility (if supply allows). Also, provide instruction, before visitors enter the facility and residents' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Signage should also include language to discourage visits, such as recommending visitors defer their visit for another time or for a certain situation as mentioned above.
  3. In addition to the screening visitors for the criteria for restricting access (above), facilities should ask visitors if they took any recent trips (within the last 14 days) on cruise ships or participated in other settings where crowds are confined to a common location. If so, facilities should suggest deferring their visit to a later date. If the visitor's entry is necessary, they should use PPE while onsite. If the facility does not have PPE, the facility should restrict the individual's visit, and ask them to come back at a later date (e.g., after a 14 days with no symptoms of COVID-19).
  4. In cases when visitation is allowable, facilities should instruct visitors to limit their movement within the facility to the resident's room (e.g., reduce walking the halls, avoid going to dining room, etc.)
  5. Facilities should review and revise how they interact with volunteers, vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), other practitioners (e.g., hospice workers, specialists, physical therapy, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility.

*Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions. For example, hospice workers can enter a facility when using PPE properly.*

6. *In lieu of visits (either through limiting or discouraging), facilities can consider:*
  - a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
  - b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
  - c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
  - d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
7. *When visitation is necessary or allowable, facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
  - a) *Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
  - b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.*
  - c) *Residents still have the right to access the Ombudsman program. If in-person access is allowable, use the guidance mentioned above. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*
8. *Visitor reporting:*
  - a) *Advise exposed visitors (e.g., contact with COVID-19 resident prior to admission) to monitor for signs and symptoms of respiratory infection for at least 14 days after last known exposure and if ill to self-isolate at home and contact their healthcare provider.*
  - b) *Advise visitors to report to the facility any signs and symptoms of COVID-19 or acute illness within 14 days after visiting the facility.*

#### **How should facilities monitor or restrict health care facility staff?**

The same screening performed for visitors should be performed for facility staff.

- Health care providers (HCP) who have signs and symptoms of a respiratory infection should not report to work.
- Any staff that develop signs and symptoms of a respiratory infection while on-the-job, should:
  - Immediately stop work, put on a facemask, and self-isolate at home;
  - Inform the facility's infection preventionist, and include information on individuals, equipment, and locations the person came in contact with; and
  - Contact and follow the local health department recommendations for next steps (e.g., testing).



- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).

### **When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?**

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

*Please check the following link regularly for critical updates, such as updates to guidance for using PPE:* <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially [appropriate](#). Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

### **When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?**

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#).

Information on the duration of infectivity is limited, and the interim guidance has been developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

**Note:** Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present.

*Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no*



*symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).*

#### **Other considerations for facilities:**

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices*, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
  - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

#### **Will nursing homes be cited for not having the appropriate supplies?**

*CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.*

#### **What other resources are available for facilities to help improve infection control and prevention?**

CMS urges providers to take advantage of several resources that are available:

#### **CDC Resources:**

- Infection preventionist training: <https://www.cdc.gov/longtermcare/index.html>
- CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- CDC Updates: <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>
- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- *Information on affected US locations:* <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

**FDA Resources:**

- *Emergency Use Authorizations:* <https://www.fda.gov/medical-devices/emergency-situations-medical-devices/emergency-use-authorizations>

**CMS Resources:**

- Long term care facility – Infection control self-assessment worksheet: [https://qsep.cms.gov/data/252/A\\_NursingHome\\_InfectionControl\\_Worksheet11-8-19508.pdf](https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf)
- Infection control toolkit for bedside licensed nurses and nurse aides (“Head to Toe Infection Prevention (H2T) Toolkit”): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/LTC-CMP-Reinvestment>
- Infection Control and Prevention regulations and guidance: 42 CFR 483.80, Appendix PP of the State Operations Manual. See F-tag 880: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

**Contact:** Email [DNH\\_TriageTeam@cms.hhs.gov](mailto:DNH_TriageTeam@cms.hhs.gov)

***NOTE: The situation regarding COVID-19 is still evolving worldwide and can change rapidly. Stakeholders should be prepared for guidance from CMS and other agencies (e.g., CDC) to change. Please monitor the relevant sources regularly for updates.***

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/

David R. Wright

cc: Survey and Operations Group Management

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

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**Ref: QSO-20-14-NH**

**DATE:** March 13, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes (**REVISED**)

**Memorandum Summary**

- ***CMS is committed*** to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).

**Background**

The Centers for Medicare & Medicaid Services (CMS) is responsible for ensuring the health and safety of nursing home residents by enforcing the standards required to help each resident attain or maintain their highest level of well-being. In light of the recent spread of COVID-19, we are providing additional guidance to nursing homes to help control and prevent the spread of the virus.

**Guidance**

Facility staff should regularly monitor the CDC website for information and resources (links below). They should contact their local health department if they have questions or suspect a resident of a nursing home has COVID-19. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent

monitoring for potential symptoms of respiratory infection as needed throughout the day. Furthermore, we encourage facilities to take advantage of resources that have been made available by CDC and CMS to train and prepare staff to improve infection control and prevention practices. Lastly, facilities should maintain a person-centered approach to care. This includes communicating effectively with residents, resident representatives and/or their family, and understanding their individual needs and goals of care.

Facilities experiencing an increased number of respiratory illnesses (regardless of suspected etiology) among patients/residents or healthcare personnel should immediately contact their local or state health department for further guidance.

In addition to the overarching regulations and guidance, we're providing the following information about some specific areas related to COVID-19:

### **Guidance for Limiting the Transmission of COVID-19 for Nursing Homes**

#### **For ALL facilities nationwide:**

*Facilities should **restrict** visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as an end-of-life situation. In those cases, visitors will be limited to a specific room only. Facilities are expected to notify potential visitors to defer visitation until further notice (through signage, calls, letters, etc.). Note: If a state implements actions that exceed CMS requirements, such as a ban on all visitation through a governor's executive order, a facility would not be out of compliance with CMS' requirements. In this case, surveyors would still enter the facility, but not cite for noncompliance with visitation requirements.*

*For individuals that enter in compassionate situations (e.g., end-of-life care), facilities should require visitors to perform hand hygiene and use Personal Protective Equipment (PPE), such as facemasks. Decisions about visitation during an end of life situation should be made on a case by case basis, which should include careful screening of the visitor (including clergy, bereavement counselors, etc.) for fever or respiratory symptoms. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility **at any time** (even in end-of-life situations). Those visitors that are permitted, must wear a facemask while in the building and restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene.*

#### **Exceptions to restrictions:**

- *Health care workers: Facilities should follow CDC guidelines for restricting access to health care workers found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>. This also applies to other health care workers, such as hospice workers, EMS personnel, or dialysis technicians, that provide care to residents. They should be permitted to come into the facility as long as they meet the CDC guidelines for health care workers. Facilities should contact their local health department for questions, and frequently review the CDC website dedicated to COVID-19 for health care professionals (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>).*
- *Surveyors: CMS and state survey agencies are constantly evaluating their surveyors to ensure they don't pose a transmission risk when entering a facility. For example, surveyors may have been in a facility with COVID-19 cases in the previous 14 days, but because they were wearing PPE effectively per CDC guidelines, they pose a low risk to*

*transmission in the next facility, and must be allowed to enter. However, there are circumstances under which surveyors should still not enter, such as if they have a fever.*

Additional guidance:

1. *Cancel communal dining and all group activities, such as internal and external group activities.*
2. *Implement active screening of residents and staff for fever and respiratory symptoms.*
3. *Remind residents to practice social distancing and perform frequent hand hygiene.*
4. *Screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, have them put on a facemask and self-isolate at home.*
5. *For individuals allowed in the facility (e.g., in end-of-life situations), provide instruction, before visitors enter the facility and residents' rooms, provide instruction on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the resident's room. Individuals with fevers, other symptoms of COVID-19, or unable to demonstrate proper use of infection control techniques should be restricted from entry. Facilities should communicate through multiple means to inform individuals and non-essential health care personnel of the visitation restrictions, such as through signage at entrances/exits, letters, emails, phone calls, and recorded messages for receiving calls.*
6. *Facilities should identify staff that work at multiple facilities (e.g., agency staff, regional or corporate staff, etc.) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19.*
7. *Facilities should review and revise how they interact vendors and receiving supplies, agency staff, EMS personnel and equipment, transportation providers (e.g., when taking residents to offsite appointments, etc.), and other non-health care providers (e.g., food delivery, etc.), and take necessary actions to prevent any potential transmission. For example, do not have supply vendors transport supplies inside the facility. Have them dropped off at a dedicated location (e.g., loading dock). Facilities can allow entry of these visitors if needed, as long as they are following the appropriate CDC guidelines for Transmission-Based Precautions.*
8. *In lieu of visits, facilities should consider:*
  - a) *Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.).*
  - b) *Creating/increasing listserv communication to update families, such as advising to not visit.*
  - c) *Assigning staff as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date.*
  - d) *Offering a phone line with a voice recording updated at set times (e.g., daily) with the facility's general operating status, such as when it is safe to resume visits.*
9. *When visitation is necessary or allowable (e.g., in end-of-life scenarios), facilities should make efforts to allow for safe visitation for residents and loved ones. For example:*
  - a) *Suggest **refraining from** physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.*
  - b) *If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "clean rooms") near the entrance to the facility where residents can meet with*

visitors in a sanitized environment. Facilities should disinfect rooms after each resident-visitor meeting.

- c) Residents still have the right to access the Ombudsman program. *Their access should be restricted per the guidance above (except in compassionate care situations), however, facilities may review this on a case by case basis. If in-person access is not available due to infection control concerns, facilities need to facilitate resident communication (by phone or other format) with the Ombudsman program or any other entity listed in 42 CFR § 483.10(f)(4)(i).*

*10. Advise visitors, and any individuals who entered the facility (e.g., hospice staff), to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited. Facilities should immediately screen the individuals of reported contact, and take all necessary actions based on findings.*

### **When should nursing homes consider transferring a resident with suspected or confirmed infection with COVID-19 to a hospital?**

Nursing homes with residents suspected of having COVID-19 infection should contact their local health department. Residents infected with COVID-19 may vary in severity from lack of symptoms to mild or severe symptoms or fatality. Initially, symptoms may be mild and not require transfer to a hospital as long as the facility can follow the infection prevention and control practices recommended by CDC. Facilities without an airborne infection isolation room (AIIR) are not required to transfer the resident assuming: 1) the resident does not require a higher level of care and 2) the facility can adhere to the rest of the infection prevention and control practices recommended for caring for a resident with COVID-19.

*Please check the following link regularly for critical updates, such as updates to guidance for using PPE:* <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

The resident may develop more severe symptoms and require transfer to a hospital for a higher level of care. Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis, and precautions to be taken including placing a facemask on the resident during transfer. If the resident does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the resident and isolate him/her in a room with the door closed.

### **When should a nursing home accept a resident who was diagnosed with COVID-19 from a hospital?**

A nursing home can accept a resident diagnosed with COVID-19 and still under Transmission-Based Precautions for COVID-19 as long as the facility can follow CDC guidance for Transmission-Based Precautions. If a nursing home cannot, it must wait until these precautions are discontinued. CDC has released [Interim Guidance for Discontinuing Transmission-Based Precautions or In-Home Isolation for Persons with Laboratory-confirmed COVID-19](#). Information on the duration of infectivity is limited, and the interim guidance has been



developed with available information from similar coronaviruses. CDC states that decisions to discontinue Transmission-based Precautions in hospitals will be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. Discontinuation will be based on multiple factors (see current CDC guidance for further details).

**Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).**

#### **Other considerations for facilities:**

- Review CDC guidance for Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019:  
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Increase the availability and accessibility of alcohol-based hand rubs (ABHRs), *reinforce strong hand-hygiene practices*, tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, resident check-ins, etc.
  - Ensure ABHR is accessible in all resident-care areas including inside and outside resident rooms.
- Increase signage for vigilant infection prevention, such as hand hygiene and cough etiquette.
- Properly clean, disinfect and limit sharing of medical equipment between residents and areas of the facility.
- Provide additional work supplies to avoid sharing (e.g., pens, pads) and disinfect workplace areas (nurse's stations, phones, internal radios, etc.).

#### **Will nursing homes be cited for not having the appropriate supplies?**

CMS is aware of that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks and ABHR) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of ABHR, we expect staff to practice effective hand washing with soap and water. Similarly, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact the local and state public health agency to notify them of the shortage, follow national guidelines for optimizing their current supply, or identify the next best option to care for residents. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the state agency should contact the CMS Branch Office.

#### **What other resources are available for facilities to help improve infection control and prevention?**

CMS urges providers to take advantage of several resources that are available:

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- CDC FAQ for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html>
- Information on affected US locations: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

**CMS Resources:**

- Guidance for use of Certain Industrial Respirators by Health Care Personnel: <https://www.cms.gov/files/document/qso-20-17-all.pdf>
- Long term care facility – Infection control self-assessment worksheet: [https://qsep.cms.gov/data/252/A\\_NursingHome\\_InfectionControl\\_Worksheet11-8-19508.pdf](https://qsep.cms.gov/data/252/A_NursingHome_InfectionControl_Worksheet11-8-19508.pdf)
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**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/

David R. Wright

cc: Survey and Operations Group Management



DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

**Ref: QSO-20-20-All**

**DATE:** March 20, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Prioritization of Survey Activities

**Memorandum Summary**

- *The Centers for Medicare & Medicaid Services (CMS) is committed* to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19).
- On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act, CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks.
- During this three-week timeframe, **only** the following types of surveys will be prioritized and conducted:
  - **Complaint/facility-reported incident surveys:** State survey agencies (SSAs) will conduct surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level. A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.
  - **Targeted Infection Control Surveys:** Federal CMS and State surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the Centers for Disease Control and Prevention (CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR). They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring providers are implementing actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.
  - **Self-assessments:** The Infection Control checklist referenced above will also be shared with all providers and suppliers to allow for voluntary self-assessment of their Infection Control plan and protections.

**Memorandum Summary Continued**

- During the prioritization period, the following surveys will not be authorized: Standard surveys for long term care facilities (nursing homes), hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and hospices. This includes the life safety code and Emergency Preparedness elements of those standard surveys; and revisits that are not associated with IJ.
- Furthermore, for Clinical Laboratory Improvement Amendments (CLIA), we intend to prioritize immediate jeopardy situations over recertification surveys, and generally intend to use enforcement discretion, unless immediate jeopardy situations arise.
- Finally, initial certification surveys will continue to be authorized in accordance within current guidance and prioritization.

**Background**

CMS is committed to taking critical steps to ensure America's health care facilities, providers, and clinical laboratories are prepared to respond to the threat of COVID-19 and other respiratory illness. Specifically, under section 1135(b)(5) of the Act, CMS is prioritizing and suspending certain federal and SSA surveys, and delaying revisit surveys, pursuant to federal requirements for the next three weeks, beginning March 20, 2020, for all certified provider and supplier types. Also, for Clinical Laboratory Improvement Amendments (CLIA), we intend to prioritize immediate jeopardy situations over recertification surveys, and generally intend to use enforcement discretion, unless immediate jeopardy situations arise. During this three-week timeframe, SSAs and CMS surveyors will prioritize and conduct surveys (including revisit surveys) related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level, for all allegations, in addition to a review with a Focused Infection Control survey. Federal surveyors will perform targeted Infection Control surveys of facilities in those areas most in need of additional oversight, as identified through collaboration with the CDC and ASPR.

**If state or federal surveyors are unable to meet the Personal Protective Equipment (PPE) expectations outlined by the latest CDC guidance to safely perform an onsite survey due to lack of appropriate PPE supplies, they are instructed to refrain from entering the /provider, and obtain information necessary remotely, to the extent possible. Surveyors should continue the survey once they have the necessary PPE to do so safely.**

The Focused Infection Control Survey is available to every provider in the country to make them aware of Infection Control priorities during this time of crisis, and providers and suppliers may perform a voluntary self-assessment of their ability to meet these priorities.

This shift in approach will allow health care providers time to implement the most recent infection control guidance from both CMS and the Centers for Disease Control and Prevention (CDC). At the same time, we are doing our duty to protect patients from harm, and ensuring providers are implementing actions to prevent the spread of COVID-19.

Therefore, during the prioritization period, the following surveys will **not** be authorized:

- Standard surveys for long term care facilities (nursing homes), hospitals, home health agencies (HHAs), intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs), and hospices. This includes the life safety code and Emergency Preparedness elements of those standard surveys;
- Revisits that are not associated with IJ. As a result, the following enforcement actions will be suspended, until revisits are again authorized:
  - For nursing homes – Imposition of Denial of Payment for New Admissions (DPNA), including situations where facilities that are not in substantial compliance at 3 months, will be lifted to allow for new admissions during this time;
  - For HHAs – Imposition of suspension of payments for new admissions (SPNA) following the last day of the survey when termination is imposed will be lifted to allow for new admissions during this time;
  - For nursing homes and HHAs – Suspend per day civil money penalty (CMP) accumulation, and imposition of termination for facilities that are not in substantial compliance at 6 months.
- For CLIA, we intend to prioritize immediate jeopardy situations over recertification surveys.

This announcement follows previous action to focus survey activity on infection control. On March 4, 2020, CMS announced a suspension of inspections for federal and state inspectors (<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/suspension-survey-activities>). This earlier announcement focused on immediate jeopardy complaints, complaints alleging infection control concerns – especially COVID-19 – statutorily required surveys, revisit surveys to resolve enforcement actions, initial certifications, inspections for facilities with histories of infection control deficiencies in the last three years, and inspections of facilities with histories of infection control deficiencies at low levels of severity. This action supersedes the March 4<sup>th</sup> announcement, and prioritizes surveys related to complaints and FRIs triaged at the IJ level, while suspending the other types of surveys.

### **Prioritization of Surveys**

When conducting surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys necessary to verify removal of IJ which has been previously cited, surveyors and CMS Regional Offices should adhere to the following guidelines:

1. SSAs follow their normal process for triaging complaints and FRIs:
  - a. If a complaint or FRI is triaged at the IJ level, the state should follow the normal policies and procedures for surveying the provider. For example, a survey of a long term care facility (LTC) would be conducted within two business days of receipt of the allegation (State Operations Manual (SOM), Chapter 5, Section 5075.9).

- b. If a complaint or FRI is triaged at the non- IJ level, the state would enter the allegation into the ASPEN Complaints/Incidents Tracking System (ACTS) per the instructions in the SOM Chapter 5. An onsite survey will not be conducted during the prioritization period. CMS will issue guidance related to these non-IJ complaints or FRIs in the next few weeks.
  - c. This normal complaint triaging process also applies to CLIA complaints.
- 2. For facilities that have been cited for IJ-level deficiencies and that surveyors have not verified that the IJ has been removed, surveyors would proceed as normal, and conduct a revisit survey to verify the IJ is removed.
  - a. If the revisit survey determines there is continuing noncompliance, but not at the IJ level, surveyors would not conduct another onsite revisit survey. The provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over.
  - b. If a survey is conducted because a complaint or FRI was triaged at the IJ level, and the provider is cited for noncompliance, but not at the IJ level (e.g., Level 3 – actual harm), surveyors would not conduct a revisit survey. The provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over.
  - c. For level-3 (LTC) or condition level (Non-LTC) citations (for which an onsite revisit survey would normally be conducted), the provider may submit a plan of correction (POC), but an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. The provider may delay submission of a plan of correction until this prioritization period is over. CMS will issue guidance on how to verify compliance with these citations in the next few weeks.
  - d. For level-2 (LTC) or standard level (non-LTC) citations, the provider may submits a POC, and providers and survey agencies could verify compliance through normal procedures through a desk review. The provider may delay submission of a plan of correction until this prioritization period is over.
  - e. For clinical laboratories, surveyors will conduct a revisit survey to verify removal of IJ once a credible allegation of compliance has been received.
- 3. Federal CMS and State Surveyors will conduct focused Infection Control surveys in areas deemed necessary through collaboration with CDC and ASPR. *Please note this workload for SSAs is contingent on their ability to perform surveys based on PPE availability and fulfillment of other State Emergency Response responsibilities (such as staffing medical shelters or testing stations).*
  - a. Revisit surveys: Surveyors will follow the same guidance for revisit surveys explained in section 2 above.
  - b. Enforcement actions will also follow the guidance for all other surveys during the prioritization period explained in section 4 below.
- 4. Enforcement Actions:
  - a. For pending enforcement cycles during the prioritization period where the provider is currently not in substantial compliance or has not had a revisit

survey to verify substantial compliance, and a per day civil money penalty (CMP), or DPNA (for nursing homes) or SPNA (for HHAs) was imposed for noncompliance that occurred prior to the prioritization date of surveys: These remedies will be suspended (stopped) as of the start of the survey prioritization date. In other words, the CMP will stop accruing and the DPNA/SPNA will end as of the suspension date. Additionally, CMS will not impose any new remedies to address noncompliance that occurred prior to the start of the survey prioritization period. NOTE: This does not apply to unremoved IJs. Enforcement actions will proceed as usual per the SOM for unremoved IJ deficiencies. CMS will issue guidance on how to reconcile these actions in the next few weeks.

- b. For pending enforcement cycles during the prioritization period where the provider is currently not in substantial compliance or has not had a revisit survey to verify substantial compliance, and for pending enforcement cycles with new noncompliance cited after the issuance of this memo, and a per day CMP, or DPNA (for nursing homes) or SPNA (for HHAs) was imposed for IJ level noncompliance (where the IJ has not been removed): Surveyors will follow normal policies and procedures for removing the IJ. CMS will also follow normal policies and procedures for imposing enforcement remedies for remediating the noncompliance. For example, for noncompliance cited at the IJ level, that has not been removed at the time of the survey exit, the CMS Office will impose an enforcement remedy (e.g., CMP, 23 day termination), and the state surveyors will conduct a revisit survey. On the revisit survey, surveyors will either verify substantial compliance, or cite noncompliance at a lower level if warranted.
  - i. If the IJ noncompliance is reduced and cited at level 3 (LTC) or condition level (non-LTC), an onsite revisit survey will not be conducted during the prioritization period, and these cases will be held. CMS will issue guidance on how to impose enforcement and verify compliance with these in the next few weeks (see 2.c.).
  - ii. If the IJ noncompliance is reduced and cited at level 2 (LTC) or standard level (non-LTC), facilities and survey agencies would verify compliance through normal procedures through a desk review (see 2.d.). However, CMS should not impose remedies during the prioritization period for any noncompliance that was identified before or after the start of the survey prioritization period, unless the noncompliance is an unremoved IJ.
- c. The three-month mandatory DPNA and six-month mandatory termination (nursing homes) for not being in substantial compliance (for nursing homes and HHAs) will not take place, and be deferred for an evaluation at a later date. However, enforcement actions related to IJ remain and continue under normal procedures.
- d. If CMS has previously imposed an alternative sanction (e.g., SPNA, CMP) on a HHA for noncompliance identified prior to the suspension, the six-month mandatory termination will not take place, and be deferred for an evaluation at a later date.



- e. For existing CLIA enforcement cases where a civil money penalty (CMP) per day of non-compliance was imposed, accrual of CMP will stop as of the survey COVID-19 suspension date. CMS will issue guidance on how to reconcile these actions in the next few weeks. Other CLIA enforcement actions that have been initiated will be handled on a case-by-case basis with consultation DCLIQ managers and staff.
- 5. If during an IJ complaint or FRI survey, the surveyor identifies that there is an active COVID-19 case in the facility:  
If the COVID-19 case is, or is not, related to the IJ, surveyors should report the case and facility to their agency, the state health department (to coordinate with the Centers for Disease Control and Prevention (CDC)), and the CMS Regional Office. These agencies should coordinate and decide on any further actions that should be taken. The Infection Control focused survey process can be used to investigate noncompliance and ensure the provider takes steps to minimize transmission.

For onsite surveys that were started prior to the prioritization period and don't fall under this guidance, survey teams should end the survey and exit the facility.

Lastly, any initial certification surveys remain authorized to increase the health care capacity of the country.

*Note:* While CMS' directive applies to the CMS' federal surveyors and state agency surveyors, CMS also urges other surveyors, including accrediting organizations (AOs), to follow suit. Additionally, CMS' survey prioritization applies to surveys for compliance with federal regulations, not state surveys pursuant to state licensure.

### **Additional Instructions for Nursing Homes**

We are disseminating the Infection Control survey developed by CMS and CDC so facilities can educate themselves on the latest practices and expectations. We expect facilities to use this new process, in conjunction with the latest guidance from CDC, to perform a voluntary self-assessment of their ability to prevent the transmission of COVID-19. This document may be requested by surveyors, if an onsite investigation takes place. We also encourage nursing homes to voluntarily share the results of this assessment with their state or local health department Healthcare-Associated Infections (HAI) Program. Contact information for each state's health departments is identified on the Centers for Disease Control & Prevention's (CDC's) website at: <https://www.cdc.gov/HAI/state-based/index.html>.

Furthermore, we remind facilities that they are required to have a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility, and when and to whom possible incidents of communicable disease or infections should be reported (42 CFR 483.80(a)(2)(i) and (ii)). CDC recommends that nursing homes notify their health department about residents with severe respiratory infection, or a cluster of respiratory illness (e.g., > or = 3 residents or HCP with new-onset respiratory symptoms within 72 hours). Local and state reporting guidelines or requirements may vary. Monitor the CDC website for information and resources to help prevent the introduction and spread of COVID-19 in nursing homes (CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: <https://www.cdc.gov/coronavirus/2019->

ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html). We urge providers to review the tools and implement actions to protect the health and safety of individuals to respond to the COVID-19 pandemic.

## **Additional Instructions for Other (Non-Long Term Care) Provider Types**

### **Education and Signage**

Where the patient/resident is sleeping at the health care facility, signage on the patient's room is important to ensuring that all staff are aware of the necessary infection control steps.

<https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf>

In the home setting, health care staff may have little control over the home environment, but must 1) educate staff, patients and family members regarding infection control procedures and how to avoid transmission of COVID-19, and 2) maintain clean equipment and supplies and follow appropriate infection control procedures during home visits and transport of reusable patient care items. For further information refer to CDC's interim guidance for home care of people not requiring hospitalization for COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>).

### **Limitations on Visitors**

To mitigate the spread of the COVID-19 virus, CMS is providing guidance to restrict visitation in health care facilities such as hospitals, critical access hospitals, psychiatric hospitals, inpatient hospice units, and intermediate care facilities for individuals with developmental disabilities. For CMS restrictions on visitation in nursing homes, see QSO-20-14

<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>.

CMS is providing the following expanded guidance to prevent the spread of COVID-19:

- a) Visitors should receive the same screening as patients, including whether they have had:
  - Fever or symptoms of a respiratory infection, such as a cough and sore throat.
  - International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
  - Contact with someone with known or suspected COVID-19.
- b) Health care facilities should set limitations on visitation. For example, limitations may include restricting the number of visitors per patient, or limiting visitors to only those that provide assistance to the patient, or limiting visitors under a certain age.
- c) Health care facilities should provide signage at entrances for screening individuals, provide temperature checks/ ask about fever, and encourage frequent hand washing and use of hand sanitizer before entering the facility and before and after entering patient rooms
- d) If visiting and not seeking medical treatment themselves, individuals with fevers, cough, sore throat, body aches or runny nose or not following infection control guidance should be restricted from entry.
- e) Facilities should screen and limit visitors for any recent trips (within the last 30 days) on cruise ships as well as close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries.

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>,  
<https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship>

- f) Facilities should instruct visitors to limit their movement within the facility (e.g., reduce walking the halls, trips to cafeteria, etc.)
- g) Facilities should establish limited entry points for all visitors and/or establish alternative sites for screening prior to entry.
- h) Facilities can implement measures to:
  - Increase communication with families (phone, face-time, skype, etc.).
  - Potentially offer a hotline for with a recording that is updated at set times so families can get an update on the facility's general status.
  - If appropriate, consider offering telephonic screening of recent travel and wellness prior to coming in for scheduled appointments. This may help limit the amount of visitor movement throughout the organization and congestion at entry points.
- i) Consider closing common visiting areas and encouraging patients to visit with loved ones in their patient rooms.

In home and community-based settings, health care providers should advise patients with COVID-19 of the CDC guidance to mitigate transmission of the virus. This includes isolating at home during illness, restricting activities except for medical care, using a separate bathroom and bedroom if possible, and prohibiting visitors who do not have an essential need to be in the home. The certified Medicare/Medicaid provider is expected to share this information with patients with the COVID-19 virus and his/her caregiver. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

Some states have chosen to establish more restrictive criteria than described above. Health care providers to follow the more restrictive criteria when present.

### **Access for Healthcare Staff**

CMS is aware that some providers (nursing homes, assisted living facilities, etc.) have significantly restricted entry for staff from other Medicare/Medicaid certified providers who are providing direct care to patients. In general, if the staff is appropriately wearing PPE, and do not meet criteria for restricted access, they should be allowed to enter and provide services to the patient (interdisciplinary hospice care, dialysis, organ procurement, home health, etc.).

For hospitals, this would also apply to organ procurement coordinators. Ensuring that individuals have continued access to life-saving organs is critical. We understand that hospitals are preparing for a potential surge in COVID-19 patients however, we would ask that donor hospitals continue with operations in regards to allowing organ procurement coordinators into hospitals to discuss organ donation with families. Hospital and OPO leadership should communicate on risk assessments in their communities and any potential impacts for organ recovery operations.

CMS will continue to evaluate the survey prioritization in light of the situation on the ground in areas with large numbers of COVID-19 cases, to determine if CMS needs to continue this past the initial three weeks.

*Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to*



*waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.*

*The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.*

**Contact:** Questions about this document should be addressed to [QSOG\\_EmergencyPrep@cms.hhs.gov](mailto:QSOG_EmergencyPrep@cms.hhs.gov).

**Effective Date:** Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators immediately.

/s/

David R. Wright

cc: Survey and Operations Group Management

## COVID-19 Focused Survey for Nursing Homes

### Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19**.”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

#### Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

#### 1. Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for

## COVID-19 Focused Survey for Nursing Homes

not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

### General Standard Precautions

- ☐ Are staff performing the following appropriately:
- Respiratory hygiene/cough etiquette,
  - Environmental cleaning and disinfection, and
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

### Hand Hygiene

- ☐ Are staff performing hand hygiene when indicated?
- ☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?
- ☐ If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?
- ☐ Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?
- ☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:
- Before and after contact with the resident;
  - After contact with blood, body fluids, or visibly contaminated surfaces;
  - After contact with objects and surfaces in the resident's environment;
  - After removing personal protective equipment (e.g., gloves, gown, facemask); and
  - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?
- ☐ When being assisted by staff, is resident hand hygiene performed after toileting and before meals?

## COVID-19 Focused Survey for Nursing Homes

- ☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

### Personal Protective Equipment (PPE)

- ☐ Determine if staff appropriately use PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
  - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
  - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.
- ☐ Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- ☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- ☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
  - Do staff know how to obtain PPE supplies before providing care?
  - Do they know who to contact for replacement supplies?

### Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2)

- ☐ Determine if appropriate Transmission-Based Precautions are implemented:
- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
  - For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
  - For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
  - For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
  - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

## COVID-19 Focused Survey for Nursing Homes

- Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
    - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
    - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
    - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
    - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
  - Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
  - Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
  - Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?
- ☐ Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.
- ☐ If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

**1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)?** ☐ Yes ☐ No F880

### 2. Resident Care

- ☐ If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.
- ☐ Has the facility cancelled group outings, group activities, and communal dining?

## COVID-19 Focused Survey for Nursing Homes

- ☐ Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?
- ☐ For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- ☐ For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- ☐ Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

**2. Did staff provide appropriate resident care?** ☐ Yes ☐ No F880

### 3. IPCP Standards, Policies and Procedures

- ☐ Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- ☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- ☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

**3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?** ☐ Yes ☐ No F880

### 4. Infection Surveillance

- ☐ How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- ☐ How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- ☐ How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- ☐ Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- ☐ Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?

## COVID-19 Focused Survey for Nursing Homes

- ☐ Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- ☐ Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?
- ☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

**4. Did the facility provide appropriate infection surveillance?** ☐ Yes ☐ No F880

### 5. Visitor Entry

- ☐ Review for compliance of:
- Screening processes and criteria (i.e., screening questions and assessment of illness);
  - Restriction criteria; and
  - Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- ☐ For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?
- ☐ For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

**5. Did the facility perform appropriate screening, restriction, and education of visitors?** ☐ Yes ☐ No F880

### 6. Education, Monitoring, and Screening of Staff

- ☐ Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- ☐ How does the facility convey updates on COVID-19 to all staff?
- ☐ Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- ☐ If staff develop symptoms at work (as stated above), does the facility:
- Place them in a facemask and have them return home;
  - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and



## COVID-19 Focused Survey for Nursing Homes

- Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

**6. Did the facility provide appropriate education, monitoring, and screening of staff?** ☐ Yes ☐ No **F880**

### 7. Emergency Preparedness - Staffing in Emergencies

- ☐ Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?
- ☐ Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

**7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?**

☐ Yes ☐ No **E0024**

*Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.*

*The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.*



## Summary of the COVID-19 Focused Survey for Nursing Homes

This is a summary of the COVID-19 Focused Survey for Nursing Homes and the Survey Protocol. Surveyors should review the Survey Protocol for more detailed information as well as the Focused Survey. Facilities can review the Focused Survey to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic.

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
<ul style="list-style-type: none"> <li>For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities.</li> <li>Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite.</li> <li>Conduct offsite planning to limit interruptions to care while onsite. Obtain information on:               <ul style="list-style-type: none"> <li>Facility-reported information;</li> <li>CDC, state/local public health reports;</li> <li>Available hospital information regarding patients transferred to the hospital; and/or</li> <li>Complaint allegations.</li> </ul> </li> <li>Identify survey activities that will be conducted offsite, such as:               <ul style="list-style-type: none"> <li>Medical record review</li> <li>Telephonic interviews, such as:                   <ul style="list-style-type: none"> <li>Surveillance policies</li> <li>First onset of symptoms</li> <li>Communication to facility leaders and health officials</li> </ul> </li> <li>Policy/Procedure Review                   <ul style="list-style-type: none"> <li>Infect. Control/Prev. Plan</li> <li>Emerg. Prep. Plan, including contingency strategies (e.g., staffing)</li> </ul> </li> </ul> </li> <li>Conduct survey exit discussion telephonically and draft the CMS-2567 offsite.</li> </ul>	<ul style="list-style-type: none"> <li>Limit the onsite team to one to two surveyors.</li> <li>Identify onsite assignments for activities, such as:               <ul style="list-style-type: none"> <li>Resident Care Observations:                   <ul style="list-style-type: none"> <li>Hand hygiene practices</li> <li>Proper use/discarding of PPE</li> <li>Cleansing medical equipment</li> <li>Effective Transmission-Based Precautions</li> </ul> </li> <li>Environmental observations:                   <ul style="list-style-type: none"> <li>Signage at entrances and resident rooms</li> <li>Screening (staff at shift change, entrances, limiting nonessential staff)</li> <li>Hand hygiene stations</li> </ul> </li> <li>Interviews:                   <ul style="list-style-type: none"> <li>Policy/Procedure knowledge</li> <li>Surveillance for sign/symptoms</li> <li>Notifying local health officials</li> </ul> </li> </ul> </li> <li>Adhere to all CDC guidance for infection prevention and control related to COVID-19.</li> <li>Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information.</li> <li>Identify and arrange for interviews that can be done telephonically.</li> <li>Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately.</li> </ul>	<p>Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self-assessment tool. Priority areas for self-assessment include all of the following:</p> <ol style="list-style-type: none"> <li>Standard Precautions;               <ol style="list-style-type: none"> <li>Hand hygiene</li> <li>Use of PPE</li> <li>Transmission-Based Precautions</li> </ol> </li> <li>Resident care (including resident placement);</li> <li>Infection prevention and control standards, policies and procedures;</li> <li>Infection surveillance;</li> <li>Visitor entry (i.e., screening, restriction, and education);</li> <li>Education, monitoring, and screening of staff; and</li> <li>Emergency preparedness – staffing in emergencies</li> </ol>

### **Summary of the COVID-19 Focused Survey for Nursing Homes**

*Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.*

*The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.*

## COVID-19 Focused Infection Control Survey: Acute and Continuing Care

**General guidance:** This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19. Entry and screening procedures as well as patient care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

Content within this tool may be generally applied to any setting. However, CMS recognizes that not all acute and continuing care providers have the same acuity or capacity and therefore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol generating procedures section). If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this document, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with intellectual disabilities, dialysis facilities, and clinics, and “home” refers to settings such as hospice and home health where care is provided in the home.

### Entering the Facility/Triage/Registration/Visitor Handling

Prior to entering the facility:

- Is signage posted at facility entrances with visitation restrictions and screening procedures?
- Are signs posted at entrances with instructions to individuals seeking medical care with symptoms of respiratory infection to immediately put on a mask and keep it on during their assessment, cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?

Upon entering the facility:

- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?
- Is there a process that occurs after a suspected case is identified to include immediate notification of facility leadership/infection control?

## COVID-19 Focused Infection Control Survey: Acute and Continuing Care

### Visitation

- Facilities should limit visitation.
- Are facilities actively screening visitors (CDC currently recommends staff are checking for fever and signs and/or symptoms of respiratory infection, and other criteria such as travel or exposure to COVID-19)?
- What is your current screening criteria?
- For permitted visitors are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility; restrict their visit to the patient's room or other location designated by the facility; and offered personal protective equipment (PPE) as supply allows?

**Did the facility perform appropriate screening of visitors?** ☐ Yes ☐ No (see appropriate IPC tags for the provider/supplier type)

### Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, CMS does expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for patients. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

### General Standard Precautions

☐ Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable patient medical equipment (i.e., cleaning and disinfection per device and disinfectant manufacturer's instructions for use)?

**COVID-19 Focused Infection Control Survey: Acute and Continuing Care****Hand Hygiene**

- ☐ Are staff performing hand hygiene when indicated?
- ☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?
- ☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), If there are shortages of ABHR, hand hygiene using soap and water is used instead?
- ☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:
- Before and after contact with patients;
  - After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the care environment;
  - After removing personal protective equipment (e.g., gloves, gown, facemask); and
  - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, medication preparation, and/or dressing care).
- ☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

**Did staff implement appropriate hand hygiene?** ☐ Yes ☐ No (see appropriate IPC tags for the provider/supplier type)

**Personal Protective Equipment (PPE)**

- ☐ Determine if staff appropriately use PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
  - Gloves are changed and hand hygiene is performed before moving from a contaminated site to a clean site during care (body, equipment, etc);
  - An isolation gown is worn for direct patient contact if the patient has uncontained secretions or excretions;
  - A facemask, gloves, isolation gown, and eye protection are worn when caring for a patient with new acute cough or symptoms of an undiagnosed respiratory infection unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis)
- ☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- ☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
  - Do staff know how to obtain PPE supplies before providing care?
  - Do they know who to contact for replacement supplies?

## COVID-19 Focused Infection Control Survey: Acute and Continuing Care

### Aerosol – Generating Procedures

- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
  - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
  - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
  - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
  - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;

**Did staff implement appropriate use of PPE?**   ☐ Yes   ☐ No (see appropriate IPC tags for the provider/supplier type)

### Transmission-Based Precautions

- ☐ Determine if appropriate transmission-based precautions are implemented, including but not limited to:
- Signage on the patient's room regarding need for transmission-based precautions.
  - PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
  - Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
  - When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
  - Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.
- ☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- ☐ For providers of care in the home, has the provider, educated patients and family members regarding transmission of infectious diseases and specifically mitigating transmission of COVID-19.

**COVID-19 Focused Infection Control Survey: Acute and Continuing Care**

- ☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.
- ☐ If concerns are identified, expand the sample to include more patients with transmission-based precautions.

**Did the staff implement appropriate transmission-based precautions?** ☐ Yes ☐ No (see appropriate IPC tags for the provider/supplier type)

**Standards, Policies and Procedures**

- ☐ Did the facility establish a facility-wide IPCP including written standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- ☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- ☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

**Did the facility develop and implement an overall IPCP including policies and procedures for for undiagnosed respiratory illness and COVID-19?** ☐ Yes ☐ No (see appropriate IPC tags for the provider/supplier type)

**Infection Surveillance**

- ☐ Does the facility know how many patients in the facility have been diagnosed with COVID-19 (suspected and confirmed)?
- ☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, or other signs/symptoms of COVID-19.
- ☐ The plan includes early detection, management of a potentially infectious, symptomatic patient and the implementation of appropriate transmission-based precautions/PPE.
- ☐ The facility has a process for communicating the diagnosis, treatment, and laboratory test results when transferring patients to an acute care hospital or other healthcare provider.
- ☐ Can appropriate staff (e.g., nursing and leadership) identify/describe the communication protocol with local/state public health officials?
- ☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

**Did the facility provide appropriate infection surveillance?** ☐ Yes ☐ No (see appropriate IPC tags for the provider/supplier type)

**Education, Monitoring, and Screening of Staff**

- Is there evidence the provider has educated staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusion)?



## COVID-19 Focused Infection Control Survey: Acute and Continuing Care

- How does the provider convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
  - have a process for staff to report their illness or developing symptoms;
  - place them in a facemask and have them return home for appropriate medical evaluation;
  - inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and
  - Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

**Did the facility provide appropriate education, monitoring, and screening of staff?** ☐ Yes ☐ No (see appropriate IPC tags for the provider/supplier type)

### Emergency Preparedness - Staffing in Emergencies

- ☐ Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the patients when needed during an emergency, such as a COVID-19 outbreak?
- ☐ Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the patient? (N/A if a emergency staff was not needed)

**Did the facility develop and implement policies and procedures for staffing strategies during an emergency?**

☐ Yes ☐ No (see appropriate Emergency Preparedness tag for the provider/supplier type)

The following sections are specific nuances to consider and assess when on survey.

### Considerations Specifically for Surveys of Hospitals and Critical Access Hospitals

#### Patient Care

- Is the facility restricting patients (to the extent possible) to their rooms except for medically necessary purposes? If patients have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (stay at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to patients diagnosed with COVID-19 or has signs/symptoms of respiratory illness or COVID-19.



**COVID-19 Focused Infection Control Survey: Acute and Continuing Care**

- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?

**Did staff provide appropriate care for patients with known or suspected COVID-19?** ☐ Yes ☐ No (Hospital Tag A-0747, CAH Tag C-0278)

**Environmental Cleaning**

- During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection)?
- Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated? Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).
- The hospital decontaminates spills of blood or other body fluids according to its policies and procedures, using appropriate EPA-registered hospital disinfectants?

**Did staff provide appropriate environmental cleaning for facilities with known or suspected COVID-19?** ☐ Yes ☐ No (Hospital Tag A-0747, CAH Tag C-0278)

**Additional Considerations Specifically for Dialysis Facility Surveys****Hand Hygiene Considerations**

- Perform handwashing with soap and water at dedicated handwashing sinks if hands are visibly soiled (see § 494.30(a)(1)(i))
- Remove gloves and perform hand hygiene between each patient or dialysis station

**Cleaning and Disinfection Considerations**

- Items taken to the dialysis station must be either disposed of, dedicated for use on a single patient or cleaned and disinfected before being taken to a common clean area or used on another patient
- Use proper aseptic technique during vascular access care, medication preparation and administration
- Proper cleaning and disinfection of the dialysis station including the dialysis machine, chair, prime waste receptacle, reuseable acid and bicarbonate containers after the previous patient fully vacates the station.

**COVID-19 Focused Infection Control Survey: Acute and Continuing Care**

- Clean areas should be clearly designated for the preparation, handling and storage of medications and unused supplies and equipment.
- Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled.
- Proper disposal of bio-hazard waste

**Isolation Considerations**

- Ensure dedicated machines, equipment, instruments, supplies, and medications that will not be used to care for non-isolation patients.

**Did staff implement appropriate hand hygiene, cleaning/disinfection and isolation considerations?** ☐ Yes ☐ No (see Condition 42 CFR 494.30 and Tags V110-V148)

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## Summary of the COVID-19 Focused Survey for Acute and Continuing Care Providers

This is a summary of the COVID-19 Focused Survey for acute and continuing care providers (Non-Long term care facilities). Surveyors should review the Focused Infection Control Survey tool in light of the established State Operations Manual Survey Protocol for more detailed information. Facilities can review the Focused Survey to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic.

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
<ul style="list-style-type: none"> <li>If the survey team plans to enter a facility with an active COVID-19 case, the survey team should contact their State Survey Agency (SA), the state health department, and CMS Regional Location to coordinate activities for these facilities.</li> <li>SAs should ensure surveyors are medically cleared, trained in the appropriate use of and have needed personal protective equipment (PPE) that could be required onsite.</li> <li>Conduct offsite planning to limit interruptions to care while onsite. Obtain information on:               <ul style="list-style-type: none"> <li>Facility-reported information;</li> <li>CDC, state/local public health reports;</li> <li>Complaint allegations.</li> </ul> </li> <li>Identify survey activities that will be conducted offsite, such as:               <ul style="list-style-type: none"> <li>Medical record review</li> <li>Telephonic interviews</li> <li>Facility Policy/Procedure review</li> </ul> </li> <li>Conduct any survey exit discussion with the facility by telephone and draft the CMS-2567 offsite.</li> </ul>	<ul style="list-style-type: none"> <li>If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their SA, the state health department, and CMS Regional Location to coordinate activities for the facility.</li> <li>Limit the onsite team to one to two surveyors.</li> <li>Identify onsite assignments for activities, such as:               <ul style="list-style-type: none"> <li>Observations:                   <ul style="list-style-type: none"> <li>Hand hygiene practices</li> <li>Proper use/discarding of PPE</li> <li>Cleansing medical equipment</li> <li>Effective Transmission-Based Precautions</li> </ul> </li> <li>Interviews:                   <ul style="list-style-type: none"> <li>Policy/Procedure knowledge</li> <li>Surveillance for sign/symptoms</li> <li>Notifying local health officials</li> </ul> </li> </ul> </li> <li>Adhere to all CDC guidance for infection prevention and control related to COVID-19.</li> <li>Identify and arrange for interviews that can be done telephonically.</li> <li>Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately.</li> </ul>	<p>Facilities should utilize the COVID-19 Focused Survey as a self-assessment tool. Priority areas for self-assessment include all of the following:</p> <ol style="list-style-type: none"> <li>Standard Precautions;               <ol style="list-style-type: none"> <li>Hand hygiene</li> <li>Use of PPE</li> <li>Transmission-Based Precautions</li> </ol> </li> <li>Patient care (including patient placement);</li> <li>Infection prevention and control standards, policies and procedures (hand hygiene, PPE, cleaning and disinfection, surveillance);</li> <li>Visitor entry (i.e., screening, restriction, and education);</li> <li>Education, monitoring, and screening of staff; and</li> <li>Emergency preparedness – staffing in emergencies</li> </ol>

## **Summary of the COVID-19 Focused Survey for Acute and Continuing Care Providers**

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# Coronavirus Disease 2019 (COVID-19) Preparedness Checklist for Nursing Homes and other Long-Term Care Settings



Nursing homes and other long-term care facilities can take steps to assess and improve their preparedness for responding to coronavirus disease 2019 (COVID-19). Each facility will need to adapt this checklist to meet its needs and circumstances based on differences among facilities (e.g., patient/resident characteristics, facility size, scope of services, hospital affiliation). This checklist should be used as one tool in developing a comprehensive COVID-19 response plan. Additional information can be found at [www.cdc.gov/COVID-19](https://www.cdc.gov/COVID-19). Information from state, local, tribal, and territorial health departments, emergency management agencies/authorities, and trade organizations should be incorporated into the facility's COVID-19 plan. Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

This checklist identifies key areas that long-term care facilities should consider in their COVID-19 planning. Long-term care facilities can use this tool to self-assess the strengths and weaknesses of current preparedness efforts. Additional information is provided via links to websites throughout this document. However, it will be necessary to actively obtain information from state, local, tribal, and territorial resources to ensure that the facility's plan complements other community and regional planning efforts. This checklist does not describe mandatory requirements or standards; rather, it highlights important areas to review to prepare for the possibility of residents with COVID-19.

**A preparedness checklist for hospitals, including long-term acute care hospitals is available.**

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>

**Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:**

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

**Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF):**

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

1. Structure for planning and decision making			
	Completed	In Progress	Not Started
<ul style="list-style-type: none"> <li>COVID-19 has been incorporated into emergency management planning for the facility.</li> <li>A multidisciplinary planning committee or team* has been created to specifically address COVID-19 preparedness planning.</li> </ul> <p><b>List committee's or team's name:</b></p> <p><i>*An existing emergency or disaster preparedness team may be assigned this responsibility.</i></p> <p style="text-align: right;"><b>continue on next page</b></p>			

	Completed	In Progress	Not Started
<p><b>cont.</b></p> <ul style="list-style-type: none"> <li>■ People assigned responsibility for coordinating preparedness planning, hereafter referred to as the COVID-19 response coordinator.</li> </ul> <p><b>Insert name(s), title(s), and contact information:</b></p>       <ul style="list-style-type: none"> <li>■ Members of the planning committee include the following: (Develop a list of committee members with the name, title, and contact information for each personnel category checked below and attach to this checklist.)               <ul style="list-style-type: none"> <li>▪ Facility administration</li> <li>▪ Medical director</li> <li>▪ Director of Nursing</li> <li>▪ Infection control</li> <li>▪ Occupational health</li> <li>▪ Staff training and orientation</li> <li>▪ Engineering/maintenance services</li> <li>▪ Environmental (housekeeping) services</li> <li>▪ Dietary (food) services</li> <li>▪ Pharmacy services</li> <li>▪ Occupational/rehabilitation/physical therapy services</li> <li>▪ Transportation services</li> <li>▪ Purchasing agent</li> <li>▪ Facility staff representative</li> <li>▪ Other member(s) as appropriate (e.g., clergy, community representatives, department heads, resident and family representatives, risk managers, quality improvement, direct care staff including consultant services, union representatives)</li> </ul> </li> <li>■ The facility's COVID-19 response coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other COVID-19 plans.</li> </ul> <p><b>Insert groups and contact information:</b></p>			
<b>2. Development of a written COVID-19 plan.</b>			
<ul style="list-style-type: none"> <li>■ A copy of the COVID-19 preparedness plan is available at the facility and accessible by staff.</li> <li>■ Relevant sections of federal, state, regional, or local plans for COVID-19 or pandemic influenza are reviewed for incorporation into the facility's plan.</li> <li>■ The facility plan includes the Elements listed in #3 below.</li> <li>■ The plan identifies the person(s) authorized to implement the plan and the organizational structure that will be used.</li> </ul>			

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### 3. Elements of a COVID-19 plan.

**General:**

- A plan is in place for protecting residents, healthcare personnel, and visitors from respiratory infections, including COVID-19, that addresses the elements that follow.
- A person has been assigned responsibility for monitoring public health advisories (federal and state) and updating the COVID-19 response coordinator and members of the COVID-19 planning committee when COVID-19 is in the geographic area. For more information, see <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

**Insert name, title, and contact information of person responsible.**

- The facility has a process for inter-facility transfers that includes notifying transport personnel and receiving facilities about a resident's suspected or confirmed diagnosis (e.g., presence of respiratory symptoms or known COVID-19) prior to transfer.
- The facility has a system to monitor for, and internally review, development of COVID-19 among residents and healthcare personnel (HCP) in the facility. Information from this monitoring system is used to implement prevention interventions (e.g., isolation, cohorting), see CDC guidance on respiratory surveillance: <https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf>.
- The facility has infection control policies that outline the recommended Transmission-Based Precautions that should be used when caring for residents with respiratory infection. (In general, for undiagnosed respiratory infection, Standard, Contact, and Droplet Precautions with eye protection are recommended unless the suspected diagnosis requires Airborne Precautions; see: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>.) For recommended Transmission-Based Precautions for residents with suspected or confirmed COVID-19, the policies refer to CDC guidance; see: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.
- The facility periodically reviews specific IPC guidance for healthcare facilities caring for residents with suspected or confirmed COVID-19 (available here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) and additional long-term care guidance (available here: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>).

**Facility Communications:**

- Key public health points of contact during a COVID-19 outbreak have been identified. (Insert name, title, and contact information for each.)

**Local health department contact:**

**State health department contact:**

**State long-term care professional/trade association:**

**continue on next page**

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	Completed	In Progress	Not Started
<p><b>cont.</b></p> <ul style="list-style-type: none"> <li>A person has been assigned responsibility for communications with public health authorities during a COVID-19 outbreak.</li> </ul> <p><b>Insert name and contact information:</b></p> <ul style="list-style-type: none"> <li>Key preparedness (e.g., Healthcare coalition) points of contact during a COVID-19 outbreak have been identified.</li> </ul> <p><b>Insert name, title, and contact information for each:</b></p> <ul style="list-style-type: none"> <li>A person has been assigned responsibility for communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility. (Having one voice that speaks for the facility during an outbreak will help ensure the delivery of timely and accurate information.)</li> <li>Contact information for family members or guardians of facility residents is up to date.</li> <li>Communication plans include how signs, phone trees, and other methods of communication will be used to inform staff, family members, visitors, and other persons coming into the facility (e.g., consultants, sales and delivery people) about the status of COVID-19 in the facility.</li> <li>A list has been created of other healthcare entities and their points of contact (e.g., other long-term care and residential facilities, local hospitals and hospital emergency medical services, relevant community organizations—including those involved with disaster preparedness) with whom it will be necessary to maintain communication during an outbreak. Attach a copy of contact list.</li> <li>A facility representative(s) has been involved in the discussion of local plans for inter-facility communication during an outbreak.</li> </ul> <p><b>Supplies and resources:</b></p> <p><b>The facility provides supplies necessary to adhere to recommended IPC practices including:</b></p> <ul style="list-style-type: none"> <li>Alcohol-based hand sanitizer for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).</li> <li>Sinks are well-stocked with soap and paper towels for hand washing.</li> <li>Signs are posted immediately outside of resident rooms indicating appropriate IPC precautions and required personal protective equipment (PPE).</li> <li>Facility provides tissues and facemasks for coughing people near entrances and in common areas with no-touch receptacles for disposal.</li> <li>Necessary PPE is available immediately outside of the resident room and in other areas where resident care is provided.</li> </ul>			

**continue on next page**

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cont.	Completed	In Progress	Not Started
<ul style="list-style-type: none"> <li>■ Facilities should have supplies of facemasks, respirators (if available <i>and</i> the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles).</li> <li>■ Trash disposal bins should be positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room.</li> <li>■ Facility ensures HCP have access to EPA-registered hospital-grade disinfectants to allow for frequent cleaning of high-touch surfaces and shared resident care equipment. <ul style="list-style-type: none"> <li>▪ <i>Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. If there are no available EPA-registered products that have an approved emerging viral pathogen claim for COVID-19, products with label claims against human coronaviruses should be used according to label instructions.</i></li> </ul> </li> <li>■ The facility has a process to monitor supply levels.</li> <li>■ The facility has a contingency plan, that includes engaging their health department and healthcare coalition when they experience (or anticipate experiencing) supply shortages. Contact information for healthcare coalitions is available here: <a href="https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx">https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx</a></li> </ul> <p><b>Identification and Management of Ill Residents:</b></p> <ul style="list-style-type: none"> <li>■ The facility has a process to identify and manage residents with symptoms of respiratory infection (e.g., cough, fever, sore throat) upon admission and daily during their stay in the facility, which include implementation of appropriate Transmission-Based Precautions.</li> <li>■ The facility has criteria and a protocol for initiating active surveillance for respiratory infection among residents and healthcare personnel. CDC has resources for performing respiratory surveillance in long-term care facilities during an outbreak, see: <a href="https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf">https://www.cdc.gov/longtermcare/pdfs/LTC-Resp-OutbreakResources-P.pdf</a></li> <li>■ Plans developed on how to immediately notify the health department for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.</li> <li>■ The facility has criteria and a protocol for: limiting symptomatic and exposed residents to their room, halting group activities and communal dining, and closing units or the entire facility to new admissions.</li> <li>■ The facility has criteria and a process for cohorting residents with symptoms of respiratory infection, including dedicating HCP to work only on affected units.</li> </ul> <p><b>Considerations about Visitors:</b></p> <ul style="list-style-type: none"> <li>■ The facility has plans and material developed to post signs at the entrances to the facility instructing visitors not to visit if they have fever or symptoms of a respiratory infection.</li> <li>■ The facility has criteria and protocol for when visitors will be limited or restricted from the facility.</li> </ul> <p style="text-align: right;"><b>continue on next page</b></p>			
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<p><b>cont.</b></p> <ul style="list-style-type: none"> <li>Should visitor restrictions be implemented, the facility has a process to allow for remote communication between the resident and visitor (e.g., video-call applications on cell phones or tablets) and has policies addressing when visitor restrictions will be lifted (e.g., end of life situation).</li> </ul> <p><b>For more information about managing visitor access and movement in the facility see:</b> <a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a></p> <p><b>Occupational Health:</b></p> <ul style="list-style-type: none"> <li>The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill healthcare personnel (HCP) to stay home.</li> <li>The facility instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice.</li> <li>The facility has a process to actively screen HCP for fever and symptoms when they report to work.</li> <li>The facility has a process to identify and manage HCP with fever and symptoms of respiratory infection.</li> <li>The facility has a plan for monitoring and assigning work restrictions for ill and exposed HCP. (See: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a>)</li> <li>The facility has a respiratory protection plan that includes medical evaluation, training, and fit testing of employees.</li> </ul> <p><b>Education and Training:</b></p> <ul style="list-style-type: none"> <li>The facility has plans to provide education and training to HCP, residents, and family members of residents to help them understand the implications of, and basic prevention and control measures for, COVID-19. Consultant HCP should be included in education and training activities.</li> <li>A person has been designated with responsibility for coordinating education and training on COVID-19 (e.g., identifies and facilitates access to available programs, maintains a record of personnel attendance).</li> </ul> <p><b>Insert name, title, and contact information:</b></p> <ul style="list-style-type: none"> <li>Language and reading-level appropriate materials have been identified to supplement and support education and training programs to HCP, residents, and family members of residents (e.g., available through state and federal public health agencies such and through professional organizations), and a plan is in place for obtaining these materials.</li> </ul> <p style="text-align: right;"><b>continue on next page</b></p>	Completed	In Progress	Not Started

cont.	Completed	In Progress	Not Started
<ul style="list-style-type: none"> <li>■ Plans and material developed for education and job-specific training of HCP which includes information on recommended infection control measures to prevent the spread of COVID-19, including:               <ul style="list-style-type: none"> <li>▪ Signs and symptoms of respiratory illness, including COVID-19.</li> <li>▪ How to monitor residents for signs and symptoms of respiratory illness.</li> <li>▪ How to keep residents, visitors, and HCP safe by using correct infection control practices including proper hand hygiene and selection and use of PPE. Training should include return demonstrations to document competency.</li> <li>▪ Staying home when ill.</li> <li>▪ HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact).</li> </ul> </li> <li>■ See: "Strategies to prevent the spread of COVID-19 in long-term care facilities," available at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html</a></li> <li>■ The facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis.</li> <li>■ Informational materials (e.g., brochures, posters) on COVID-19 and relevant policies (e.g., suspension of visitation, where to obtain facility or family member information) have been developed or identified for residents and their families. These materials are language and reading-level appropriate, and a plan is in place to disseminate these materials in advance of the actual pandemic.</li> </ul> <p><b>Surge Capacity:</b></p> <p><b>Staffing</b></p> <ul style="list-style-type: none"> <li>■ A contingency staffing plan has been developed that identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations.</li> <li>■ A person has been assigned responsibility for conducting a daily assessment of staffing status and needs during a COVID-19 outbreak.</li> </ul> <p><b>Insert name, title, and contact information:</b></p> <ul style="list-style-type: none"> <li>■ Legal counsel and state health department contacts have been consulted to determine the applicability of declaring a facility "staffing crisis" and appropriate emergency staffing alternatives, consistent with state law.</li> <li>■ The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.</li> </ul> <p style="text-align: right;"><b>continue on next page</b></p>			

cont.	Completed	In Progress	Not Started
<p><b>Consumables and durable medical equipment and supplies</b></p> <ul style="list-style-type: none"> <li>Estimates have been made of the quantities of essential resident care materials and equipment (e.g., intravenous pumps and ventilators, pharmaceuticals) and personal protective equipment (e.g., masks, respirators, gowns, gloves, and hand hygiene products), that would be needed during an eight-week outbreak.</li> <li>Estimates have been shared with local, regional, and tribal planning groups to better plan stockpiling agreements.</li> <li>A plan has been developed to address likely supply shortages (e.g., personal protective equipment), including strategies for using normal and alternative channels for procuring needed resources.</li> <li>A strategy has been developed for how priorities would be made in the event there is a need to allocate limited resident care equipment, pharmaceuticals, and other resources.</li> <li>A process is in place to track and report available quantities of consumable medical supplies including PPE.</li> </ul> <p><b>Postmortem care:</b></p> <ul style="list-style-type: none"> <li>A contingency plan has been developed for managing an increased need for postmortem care and disposition of deceased residents.</li> <li>An area in the facility that could be used as a temporary morgue has been identified.</li> <li>Local plans for expanding morgue capacity have been discussed with local and regional planning contacts.</li> </ul>			

CDC 2019-nCoV ID: 

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

**Human Infection with 2019 Novel Coronavirus  
Person Under Investigation (PUI) and Case Report Form**Reporting jurisdiction: \_\_\_\_\_  
Reporting health department: \_\_\_\_\_  
Contact ID <sup>a</sup>: \_\_\_\_\_Case state/local ID: \_\_\_\_\_  
CDC 2019-nCoV ID: \_\_\_\_\_  
NNDSS loc. rec. ID/Case ID <sup>b</sup>: \_\_\_\_\_a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567-01 and CA102034567-02. <sup>b</sup>For NNDSS reporters, use GenV2 or NETSS patient identifier.**Interviewer information**

Name of interviewer: Last \_\_\_\_\_ First \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Basic information**

What is the current status of this person? <input type="checkbox"/> Patient under investigation (PUI) <input type="checkbox"/> Laboratory-confirmed case  Report date of PUI to CDC (MM/DD/YYYY): _____  Report date of case to CDC (MM/DD/YYYY): _____  County of residence: _____ State of residence: _____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not specified  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Date of first positive specimen collection (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A  Did the patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  Did the patient have acute respiratory distress syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  Did the patient have another diagnosis/etiology for their illness? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  Did the patient have an abnormal chest X-ray? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No	Was the patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, admission date 1 ____/____/____ (MM/DD/YYYY) If yes, discharge date 1 ____/____/____ (MM/DD/YYYY)  Was the patient admitted to an intensive care unit (ICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Did the patient receive mechanical ventilation (MV)/intubation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total days with MV (days) _____  Did the patient receive ECMO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Did the patient die as a result of this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Date of death (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Unknown date of death											
Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____		Date of birth (MM/DD/YYYY): ____/____/____ Age: _____ Age units(yr/mo/day): _____													
Symptoms present during course of illness: <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Unknown	If symptomatic, onset date (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Unknown	If symptomatic, date of symptom resolution (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Still symptomatic <input type="checkbox"/> Unknown symptom status <input type="checkbox"/> Symptoms resolved, unknown date													
Is the patient a health care worker in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply): <table border="0"> <tr> <td><input type="checkbox"/> Travel to Wuhan</td> <td><input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient</td> <td><input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology</td> </tr> <tr> <td><input type="checkbox"/> Travel to Hubei</td> <td><input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case-patient</td> <td><input type="checkbox"/> Other, specify: _____</td> </tr> <tr> <td><input type="checkbox"/> Travel to mainland China</td> <td><input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Travel to other non-US country specify: _____</td> <td><input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient</td> <td><input type="checkbox"/> Animal exposure</td> </tr> </table> If the patient had contact with another COVID-19 case, was this person a U.S. case? <input type="checkbox"/> Yes, nCoV ID of source case: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A Under what process was the PUI or case first identified? (check all that apply): <input type="checkbox"/> Clinical evaluation leading to PUI determination <input type="checkbox"/> Contact tracing of case patient <input type="checkbox"/> Routine surveillance <input type="checkbox"/> EpiX notification of travelers; if checked, DGMQID _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____				<input type="checkbox"/> Travel to Wuhan	<input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology	<input type="checkbox"/> Travel to Hubei	<input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Travel to mainland China	<input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW	<input type="checkbox"/> Unknown	<input type="checkbox"/> Travel to other non-US country specify: _____	<input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Animal exposure
<input type="checkbox"/> Travel to Wuhan	<input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology													
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<input type="checkbox"/> Travel to other non-US country specify: _____	<input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Animal exposure													

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).

OASIS 000063

CDC 2019-nCoV ID: 

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

## Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

### Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?		
Fever >100.4F (38C) <sup>c</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Subjective fever (felt feverish)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Muscle aches (myalgia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Runny nose (rhinorrhea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Shortness of breath (dyspnea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Other, specify: _____			

Pre-existing medical conditions?

☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Diabetes Mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cardiovascular disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Renal disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Immunocompromised Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Neurologic/neurodevelopmental	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
Other chronic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
If female, currently pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Current smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Former smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

#### Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab			<input type="checkbox"/>	<input type="checkbox"/>
OP Swab			<input type="checkbox"/>	<input type="checkbox"/>
Sputum			<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____			<input type="checkbox"/>	<input type="checkbox"/>

Additional State/local Specimen IDs: \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).

# Long-Term Care (LTC) Respiratory Surveillance Line List

## Instructions for the Long-Term Care (LTC) Respiratory Surveillance Line List

The Respiratory Surveillance Line List provides a template for data collection and active monitoring of both residents and staff during a suspected respiratory illness cluster or outbreak at a nursing home or other LTC facility. Using this tool will provide facilities with a line listing of all individuals monitored for or meeting the case definition for the outbreak illness.

Each row represents an individual resident or staff member who may have been affected by the outbreak illness (i.e., case). The information in the columns of the worksheet capture data on the case demographics, location in the facility, clinical signs/symptoms, diagnostic testing results and outcomes. While this template was developed to help with data collection for common respiratory illness outbreaks the data fields can be modified to reflect the needs of the individual facility during other outbreaks.

Information gathered on the worksheet should be used to build a case definition, determine the duration of outbreak illness, support monitoring for and rapid identification of new cases, and assist with implementation of infection control measures by identifying units where cases are occurring.

## LTC Respiratory Surveillance Line List

### Instruction Sheet for Completion of the Long-Term Care (LTC) Respiratory Surveillance Line List

#### Section A: Case Demographics

In the space provided per column, fill in each line with name, age and gender of each person affected by the current outbreak at your facility. Please differentiate residents (R) from staff (S).

\*Staff includes all healthcare personnel (e.g., nurses, physicians and other providers, therapists, food services, environmental services) whether employed, contracted, consulting or volunteer.

**For residents only:** Short stay (S) residents are often admitted directly from hospitals, require skilled nursing or rehabilitation care, and are expected to have a length of stay less than 100 days. Long stay (L) residents are admitted to receive residential care or nursing support and are expected to have a length of stay that is 100 days or more. Indicate the stay type for each resident in this column.

#### Section B: Case Location

**For resident only:** Indicate the building (Bldg), unit or floor where the resident is located and the room and bed number for each resident being monitored for outbreak illness. \*Answers may vary by facility due to differences in the names of resident care locations.

**For staff only:** For each staff member listed, indicate the floor, unit or location where that staff member had been primarily working at the time of illness onset.

#### Section C: Signs and Symptoms (s/s)

**Symptom onset date:** Record the date (month/day) each person developed or reported signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

**Symptoms:** Fill in the box (Y or N) indicating whether or not a resident or staff member experienced each of the signs/symptoms listed within this section.

**Additional documented s/s (select all codes that apply):** In the space provided, record the code that corresponds to any additional s/s the resident or staff member experienced. If a resident or staff member experienced a s/s that is not listed, please use the space provided by "Other" to specify the s/s.

H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify \_\_\_\_\_

#### Section D: Diagnostics

**Chest x-ray:** Fill in the box (Y or N) indicating whether or not a chest x-ray was performed.

**Type of specimen collected (select all codes that apply):** In the space provided, record the type of specimen collected for laboratory testing. If the type of specimen collected is not listed, please use the space provided by "Other" to specify the specimen type.

NP – nasopharyngeal swab, OP – oropharyngeal swab, S – sputum, U – urine, O – Other: Specify \_\_\_\_\_

**Date of collection:** Record the date (month/day) of specimen collection.

**Type of test ordered (select all codes that apply):** In the space provided, record the code that corresponds to whether a diagnostic laboratory test was performed for each individual. If no test was performed, indicate "zero". If the laboratory test used to identify the pathogen is not listed, please use the space provided by "Other" to specify the type of test ordered.

0 – No test performed, 1 – Culture, 2 – Polymerase Chain Reaction (PCR), also called nucleic acid amplification testing includes multiplex PCR tests for several organisms using a single specimen, 3 – Urine Antigen, 4 – Other: Specify \_\_\_\_\_

**Pathogen detected (select all codes that apply):** In the space provided, record the code that corresponds to the bacterial and/or viral organisms that were identified through laboratory testing. If the test performed was negative, indicate "zero". If a pathogen not listed was identified through laboratory testing, please use the space provided by "Other" to specify the organism.

0 – Negative results; Bacterial: 1 – *Streptococcus pneumoniae*, 2 – *Legionella*, 3 – *Mycoplasma*

Viral: 4 – Influenza, 5 – Respiratory syncytial virus (RSV), 6 – Human metapneumovirus (HMPV), 7 – Other: Specify \_\_\_\_\_

#### Section E: Outcome During Outbreak

**Symptom Resolution Date:** Record the date that each person recovered from the outbreak illness and was symptom free for 24 hours.

**Hospitalized:** Fill in the box (Y or N) indicating whether or not hospitalization was required for a resident or staff member during the outbreak period. **Note: The outbreak period is the time from the date of symptom onset for the first case to date of symptom resolution for the last case.**

**Died:** Fill in the box (Y or N) indicating whether or not a resident or staff member expired during the outbreak period.

**Case (C) or Not a case (leave blank):** Based on the clinical criteria and laboratory findings collected during the outbreak investigation, record whether or not each resident or staff member meets the case definition (C) or is not a case (leave space blank).



## LTC Respiratory Surveillance Line List

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This worksheet was created to help nursing homes and other LTC facilities detect, characterize and investigate a possible outbreak of respiratory illness.

A. Case Demographics				B. Case Location			C. Signs and Symptoms (s/s)				D. Diagnostics				E. Outcome During Outbreak <sup>A</sup>										
Name				Age	Gender (M/F)	Resident (R) or Staff (S)	<u>Residents Only:</u> Short stay (S) or Long stay (L)	<u>Residents Only:</u> Bldg/Floor	<u>Residents Only:</u> Room/Bed	<u>Staff Only:</u> Primary floor assignment	Symptom onset date: (mm/dd)	Fever <sup>B</sup> (Y/N)	Cough (Y/N)	Myalgia (body ache) (Y/N)	Additional documented s/s (select all codes that apply) H – headache, SB – shortness of breath, LA – loss of appetite, C – chills, ST – sore throat, O – other: Specify _____	Chest x-ray (Y/N)	Type of specimen collected (select all codes that apply) NP – nasopharyngeal swab, OP – oropharyngeal swab, U – urine, S – sputum, Other: Specify _____	Date of collection: (mm/dd)	Type of test ordered (Select all codes that apply) 0 – No test performed, 1 – Culture, 2 – PCR, 3 – Urine Antigen, 4 – Other: Specify _____	Pathogen Detected (Select all codes that apply) 0 – Negative results Bacterial: 1 – <i>S. pneumoniae</i> , 2 – <i>Legionella</i> , 3 – <i>Mycoplasma</i> Viral: 4 – Influenza, 5 – RSV, 6 – HMPV 7 – Other: Specify _____	Symptom resolution date: (mm/dd)	Hospitalized (Y/N)	Died (Y/N)	Case (C) or Not a case (leave blank)	
1.																									
2.																									
3.																									
4.																									
5.																									
6.																									
7.																									
8.																									
9.																									
10.																									

If faxing to your local Public Health Department, please complete the following information:

Facility Name: \_\_\_\_\_ City, State: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<sup>A</sup> **Note:** Outbreak defined as date of first case to resolution of last case.<sup>B</sup> **Definition of Fever** (Stone N, Ashraf MS, Calder, J, et al. Surveillance Definitions in Long-Term Care Facilities: Revisiting the McGeer Criteria. Infect Control Hosp Epidemiol 2012; 33:965-977):

(1) a single oral temp &gt; 37.8°C (100°F) or (2) repeated oral temps &gt; 37.2°C (99°F) or rectal temps &gt; 37.5°C (99.5°F) or (3) a single temp &gt; 1.1°C (2°F) over baseline from any site (oral, tympanic, axilla).

# Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

## Instructions for the Long-Term Care (LTC) Respiratory Surveillance Outbreak Summary

The Respiratory Outbreak Summary Form was created to help nursing homes and other LTC providers summarize the findings, actions and outcomes of an outbreak investigation and response. Completing this outbreak form will provide LTC facilities and other public health partners with a record of a facility's outbreak experience and highlight areas for outbreak prevention and response.

Instructions for each section of the form are described below. This form should be filled out by the designated infection preventionist with support from other clinicians in your facility (e.g., front-line nursing staff, physicians or other practitioners, consultant pharmacist, laboratory).

A LTC facility can use this form for internal documentation and dissemination of outbreak response activities. Facilities are encouraged to share this information with the appropriate public health authority by contacting the local health department. Should a facility decide to share this form with the local/state public health officials, please include facility contact information at the bottom of the form.

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## LTC Respiratory Surveillance Outbreak Summary

### Section 1: Facility Information

**Health Dept. Contact Name and Phone Number:** A LTC facility should have contact information (name or division, phone number) for the local and/or state health department for outbreak guidance and reporting purposes. Enter the health dept. contact information your facility used to request support during an outbreak.

**Date First Notified Local Health Dept:** Record the date you first contacted local or state public health during this outbreak at your facility.

**Total # of residents at facility:** Document the total number of residents in the facility at the time of the outbreak.

**Total # of employees:** Document the total number of staff working in the facility at the time of the outbreak. Staff includes all healthcare personnel (e.g., nurses, providers, consultants, therapists, food services, environmental services) whether employed, contracted or volunteer.

**Summary Form Status:** Information in the summary form may be completed over the course of the outbreak. Record the dates your facility started collecting information on the form and completed the outbreak summary report.

### Section 2: Influenza Vaccination Status

**Total # of residents vaccinated:** Record the total number of residents that received the Flu Vaccine within the past year.

**Total # of staff vaccinated:** Record the total number of staff that received the Flu Vaccine within the past year.

### Section 3: Pneumococcal Vaccination Status

**Total # of residents vaccinated:** Record the total number of residents that received at least one dose of the Pneumococcal Vaccine (either polysaccharide or conjugate).

### Section 4: Case Definition

Provide a description of the criteria used to determine whether a resident should be considered a case in this outbreak. The description can include: signs/symptoms, presence of positive diagnostic tests, location within facility, and the timeframe during which individuals may have been involved in the outbreak (e.g., within the past 4 weeks).

*Example: A Respiratory illness case includes any resident with the following symptoms: cough, shortness of breath, sputum production and fever residing on Units 2E or 2W, with onset of symptoms between Jan 15th and Feb 1st with or without a sputum specimen positive for Streptococcus pneumoniae.*

### Section 5: Outbreak Period Information

**Outbreak start: (Date of symptom onset of first case):** Record the date the first person developed signs/symptoms (e.g., fever, cough, shortness of breath) consistent with the outbreak illness.

**Average length of illness:** Estimate the average number of days it takes for signs/symptoms to resolve, based on clinical course among residents/staff affected by the outbreak illness.

**Outbreak end: (Symptom resolution date of last case):** Record the date the last person recovered from the outbreak illness and became symptom free for 24 hours.

**Total # of Cases:** Document the number of residents and staff (if applicable) who were identified as having the outbreak illness.

## LTC Respiratory Surveillance Outbreak Summary

### Section 6: Staff Information

Were any ill staff delivering resident care? Check yes or no.

- If yes, try to estimate the number of ill staff involved in resident care based on date when a staff member reported symptoms compared with the date when/if staff member was excused from work.

Did any staff seek medical attention for an acute respiratory infection at any time during the outbreak? Check yes or no.

- If yes, try to estimate the number of staff that sought medical attention based on self-report.

If available, indicate if ill staff received care at an emergency department (ED). Check yes or no and estimate number of staff.

If available, indicate if ill staff was hospitalized as a result of the outbreak illness. Check yes or no and estimate number of staff.

### Section 7: Diagnostic and Laboratory Tests

**Chest x-ray:** Fill in the box (yes or no) indicating whether or not residents and staff had an x-ray done as a part of the diagnosis of the outbreak illness. If yes, please record the # of individuals who received chest x-ray and the # of x-rays that had abnormal findings consistent with the outbreak illness.

List all bacterial (e.g., *S. pneumoniae*, *Mycoplasma*); viral (e.g., Influenza, RSV) organisms that were identified through laboratory testing; Use the space provided by "Other" to specify if a parasite or non-infectious cause of respiratory illness was identified.

**Diagnostic testing results:** In the table, each row corresponds to an organism identified during the outbreak. Use the column to specify the type of testing used to identify each organism (either microbiologic culture, PCR (also known as nucleic acid amplification) or specify if a different diagnostic test was used (e.g., Legionella urinary antigen). For each test type, document the total number of residents and staff that received laboratory confirmation by that test.

### Section 8: If Influenza Identified During Outbreak:

**Antiviral Treatment:** Fill in the box (yes or no) indicating whether or not antiviral treatment was offered. If antiviral treatment was offered, please record the total number of residents and staff that received treatment.

**Antiviral Prophylaxis Offered:** Fill in the box (yes or no) indicating whether or not antiviral prophylaxis was offered to any additional residents, staff or family members at risk for infection due to the outbreak. If antiviral prophylaxis was offered, please record the total number of residents and staff that received prophylaxis.

### Section 9: Resident Outcome

**Hospitalizations:** During the outbreak, fill in the box (yes or no) indicating whether or not hospitalization was required for any residents. If yes, please record how many residents were hospitalized.

**Deaths:** During the outbreak, fill in the box (yes or no) indicating whether or not any residents died. If yes, please record how many residents died during the outbreak period (deaths should be recorded even if unable to determine if outbreak illness was the cause).

### Section 10: Facility Outbreak Control Interventions

In this section, check if any of the infection control strategies listed were implemented at your facility in response to the outbreak. If a practice or policy change was implemented during the outbreak that is not listed (e.g., new cleaning/disinfecting products used, change to employee sick leave policy), specify in the space provided by "Other". For each strategy, record the date the change was implemented (if available).

### Section 11: # of New Cases Per Day

Please fill in the chart with the number of new cases that are residents and staff per day. Once each day is complete, add the number of new cases of residents and staff and place the sum in total column for that corresponding day.

In the space provided under the chart, record the date which corresponds to Day 1 on the outbreak period (i.e., date of outbreak start).

For HD Use Only	
<b>Facility Licensed by State:</b> Fill in the box (yes or no) indicating whether or not the facility is licensed by the state.	<b># of Licensed Beds:</b> Document the total number of licensed beds at the facility.
<b>Facility Certified by CMS:</b> Fill in the box (yes or no) indicating whether or not the facility is certified by the Center for Medicare and Medicaid Services (CMS).	<b># of staff employees:</b> Document the total number of facility employed staff working in the facility at the time of the outbreak.
<b>Facility Type:</b> Check that box that best describes the type of care the facility provides: Nursing home, Intermediate Care Facility, Assisted living Facility or Other (specify).	<b># of contract employees:</b> Document the total number of contract/consulting providers working in the facility at the time of the outbreak.

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## LTC Respiratory Surveillance Outbreak Summary

**1. Facility Information**

Health Dept. Contact Name: \_\_\_\_\_ Health Dept. Contact Phone Number: \_\_\_\_\_  
 Health Dept. Fax Number: \_\_\_\_\_ Date First Notified Local Health Dept.: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Total # of residents at facility: \_\_\_\_\_ Total # of employees (staff and contract personnel): \_\_\_\_\_  
 Summary Form Status: Date initiated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. Influenza Vaccination Status**

Total # of residents vaccinated: \_\_\_\_\_ Total # of staff vaccinated: \_\_\_\_\_

**3. Pneumococcal Vaccination Status**

Total # of residents vaccinated: \_\_\_\_\_

**4. Symptomatic Case Definition**

Summarize the definition of a symptomatic case during the outbreak, including symptoms, time range and location (if appropriate) within facility: \_\_\_\_\_

**5. Outbreak Period Information**

Outbreak start: (Date of symptom onset of first case): \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Average length of illness: \_\_\_\_\_ days  
 Outbreak end: (Symptom resolution date of last case): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Total # of Cases**  
 Residents: \_\_\_\_\_ Staff: \_\_\_\_\_

**6. Staff Information**

Were any ill staff delivering resident care at the beginning of the outbreak? ☐ Yes ☐ No If yes, how many: \_\_\_\_\_  
 Did any ill staff seek outside medical care at the beginning or during the outbreak? ☐ Yes ☐ No If yes, how many: \_\_\_\_\_  
 ED Visit: ☐ Yes ☐ No If yes, how many: \_\_\_\_\_ Hospitalization: ☐ Yes ☐ No If yes, how many: \_\_\_\_\_

**7. Diagnostic and Laboratory Tests**

Chest x-ray: ☐ Yes ☐ No # performed: \_\_\_\_\_ # abnormal: \_\_\_\_\_

Which organisms were identified through laboratory testing:

Bacterial: Specify \_\_\_\_\_ Viral: Specify \_\_\_\_\_ Other: Specify \_\_\_\_\_

Total # of Laboratory Confirmed Cases	Culture	PCR	Other Diagnostic Tests: Specify _____
Organism 1	Residents: _____ Staff: _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____
Organism 2	Residents: _____ Staff: _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____
Organism 3	Residents: _____ Staff: _____	Residents: _____ Staff: _____	Residents: _____ Staff: _____

**8. If Influenza Identified During Outbreak:**

Antiviral **treatment** offered: ☐ Yes ☐ No Antiviral **prophylaxis** offered: ☐ Yes ☐ No  
 If yes, indicate total # : Residents \_\_\_\_\_ Staff \_\_\_\_\_ If yes, indicate total # : Residents \_\_\_\_\_ Staff \_\_\_\_\_

**9. Resident Outcome**

Hospitalizations: ☐ Yes ☐ No If yes, how many: \_\_\_\_\_ Deaths: ☐ Yes ☐ No If yes, how many: \_\_\_\_\_

**10. Facility Outbreak Control Measures**

☐ Educated on hand hygiene practices: Date: \_\_\_\_\_ ☐ Monitored appropriate HH and PPE use by staff: Date: \_\_\_\_\_  
☐ Implemented transmission-based precautions: Date: \_\_\_\_\_ ☐ Cohorted ill residents within unit/building: Date: \_\_\_\_\_  
☐ Dedicate staff to care for only affected residents: Date: \_\_\_\_\_ ☐ Placed ill staff on furlough: Date: \_\_\_\_\_  
☐ Suspend activities on affected unit: Date: \_\_\_\_\_ ☐ Restricted new admissions to affected unit: Date: \_\_\_\_\_  
☐ Notified family/visitors about outbreak: If yes, Date: \_\_\_\_\_ ☐ Educated family/visitors about outbreak: If yes, Date: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**11. # of New Cases Per Day**

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Residents														
Staff														
Total														

Indicate Date of Day 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ List units/floors involved in the outbreak: \_\_\_\_\_

**For HD Use Only**

Facility Licensed by State: ☐ Yes ☐ No Facility ID: \_\_\_\_\_  
 Facility Certified by CMS: ☐ Yes ☐ No Facility Type: ☐ Nursing home ☐ Assisted living ☐ Other (specify): \_\_\_\_\_  
 # of Licensed Beds: \_\_\_\_\_ # of staff employees: \_\_\_\_\_ # of contract employees: \_\_\_\_\_ 68

## Respiratory Respiratory/Mask Reuse Process

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### Purpose:

To use Respirators for our residents who may have or have been diagnosed with a respiratory disease process requiring the PPE for isolation, in a responsible process to protect the resident and staff, in a time of extreme shortage.

### Respirator Reuse Recommendations

There is no way of determining the maximum possible number of safe reuses for an N95 respirator as a generic number to be applied in all cases. Safe N95 reuse is affected by a number of variables that impact respirator function and contamination over time.<sup>(18, 19)</sup> However, manufacturers of N95 respirators may have specific guidance regarding reuse of their product. The guidance below is designed to provide practical advice so that N95 respirators are discarded before they become a significant risk for contact transmission, or their functionality is reduced.

Respirators might also become contaminated with other pathogens acquired from patients who are co-infected with common healthcare pathogens that have prolonged environmental survival (e.g., methicillin-resistant *Staphylococcus aureus*, vancomycin-resistant enterococci, *Clostridium difficile*, norovirus, etc.). These organisms could then contaminate the hands of the wearer, and in turn be transmitted via self-inoculation or to others via direct or indirect contact transmission.

---

### Process:

While contact transmission caused by touching a contaminated respirator has been identified as the primary hazard of extended use and reuse of respirators, other concerns have been assessed, such as a reduction in the respirator's ability to protect the wearer caused by rough handling or excessive reuse.<sup>(19, 20)</sup>

- Discard N95 respirators following use during aerosol generating procedures.
  - Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
  - Discard N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
  - Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
  - Store the respirator in an area designated for this storage. Label and contain in a designated container for each identified user.
  - Clean hands with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary, for comfort or to maintain fit).
  - Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
-

- Use a pair of clean (non-sterile) gloves when donning a used N95 respirator and performing a user seal check. Discard gloves after the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
  - N95 Masks must only be used by a single wearer. To prevent inadvertent sharing of respirators/masks:
  - Label containers used for storing respirators
  - Label the disposable N95 respirators with the user's name to reduce accidental usage of another person's respirator.
- 

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**Respiratory Assessment**

**Client:**  
**Initial Admission:**  
**Score: NA**

**Effective Date:**  
**Admission:**  
**Category: NA**

**Location:**  
**Date of Birth:**  
**Physician:**

**1. Vital Signs**

1. Temperature
2. Pulse
3. Respirations
4. Blood Pressure
5. O2 Saturation


**B.**

1. Lung sounds (Left)
2. Lung sounds (Right)

- ☐ 1. Wheezes
- ☐ 2. Crackles
- ☐ 3. Rhonchi
- ☐ 4. Diminished
- ☐ 5. Absent
- ☐ 6. Rub
- ☐ 7. Rales
- ☐ 8. Clear
- ☐ 9. Other

- ☐ 1. Wheezes
- ☐ 2. Crackles
- ☐ 3. Rhonchi
- ☐ 4. Diminished
- ☐ 5. Absent
- ☐ 6. Rub
- ☐ 7. Rales
- ☐ 8. Clear
- ☐ 9. Other

3. Respiratory Status

- ☐ 1. Even Respiration
- ☐ 2. Labored Respiration
- ☐ 3. SOB with exertion
- ☐ 4. SOB with rest

**Surveillance Data Collection Form****Flu/COVID - 19**

Instructions: The Licensed Nurse will initiate and complete the top portion of this form. The Infection Preventionist will complete the bottom portion of this form. This form will be filed in the Infection Control Binder upon completion.

*Section A – Completion by Licensed Nurse*

<b>Respiratory Tract Infections</b>			
Date of Admission: _____		Date of Onset of Symptoms: _____	
Pulse: _____		Temperature: _____	
Respirations: _____		BP: _____	
Pain: _____			
<b>COVID – 19</b>		<b>INFLUENZA-LIKE ILLNESS</b>	
<b>Fever &gt; 100 degrees F. and At least 1 criterion must be present:</b>		<b>Both criteria 1 and 2 must be present:</b>	
1. Runny nose or sneezing		1. Fever	
2. Stuffy nose (e.g. congestion)		2. <b>At least 3 of the following</b> influenza-like illness sub-criteria:	
3. Sore throat, hoarseness, or difficulty in swallowing		a) Chills	
4. Shortness of Breath		b) New headache or eye pain	
5. Coughing		c) Myalgias or body aches	
		d) Malaise or loss of appetite	
		e) Sore Throat	
		f) New or increased dry cough	

<b>Treatment</b>	
Local Health Department Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contacted: _____
Was the resident admitted to a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
Drug/Dosage/Route: _____	
Specimen Collected? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____ Date: _____
Results: _____	
Isolation/Precaution Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Housekeeping Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why: _____
Laundry Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why: _____
Dietary Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why: _____
Activities Informed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why: _____
Resident Educated: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why: _____
Responsible Party Educated: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why: _____
Caregiver Educated: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why: _____

Licensed Nurse Signature: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

*Section B – Completion by Infection Preventionist*

☐ Healthcare-Associated Infection (HAI) ☐ Community-Associated Infection (CAI)

Additional Notes:

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Infection Preventionist Signature: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Resident Name:</b>	<b>Room Number:</b>	<b>Medical Record Number:</b>
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## Surveillance Data Collection Form

### Flu/COVID - 19

**Table 1. Constitutional Criteria in Residents of Long Term Care Facilities**

1. Fever
  - a. Single oral temperature  $>37.8^{\circ}\text{C}$  ( $>100^{\circ}\text{F}$ )  
OR
  - b. Repeated oral temperatures  $>37.2^{\circ}\text{C}$  ( $>99^{\circ}\text{F}$ ) or rectal temperatures  $>37.5^{\circ}\text{C}$  ( $>99.5^{\circ}\text{F}$ )  
OR
  - c. Single temperatures  $>1.1^{\circ}\text{C}$  ( $2^{\circ}\text{F}$ ) over baseline from any site (oral, tympanic, axillary)
2. Leukocytosis
  - a. Neutrophilia ( $>14,000$  leukocytes/ $\text{mm}^3$ )  
OR
  - b. Left shift ( $>6\%$  bands or  $\geq 1,500$  bands/ $\text{mm}^3$ )
3. Acute change in mental status from baseline (all criteria must be present; see Table 2 below)
  - a. Acute onset
  - b. Fluctuating course
  - c. Inattention  
AND
  - d. Either disorganized thinking or altered level of consciousness
4. Acute functional decline
  - a. A new 3-point increase in total activities of daily living (ADL) score (range, 0-28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence, according to MDS 3.0)
    - i. Bed mobility
    - ii. Transfer
    - iii. Locomotion within facility
    - iv. Dressing
    - v. Toilet use
    - vi. Personal hygiene
    - vii. Eating

**Table 2. Confusion Assessment Method Criteria**

Acute Onset	Evidence of acute change in resident's mental status from baseline
Fluctuating	Behavior fluctuating (e.g. coming and going or changing in severity during assessment)
Inattention	Resident has difficulty focusing attention (e.g. unable to keep track of discussion or easily distracted)
Disorganized Thinking	Resident's thinking is incoherent (e.g. rambling conversation, unclear flow of ideas, unpredictable switches in subject)
Altered Level of Consciousness	Resident's level of consciousness is described as different from baseline (e.g. hyperalert, sleepy, drowsy, difficult to arouse, nonresponsive)

Source: Stone, Nimalie, et al. (2012). Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria. *Infection Control and Hospital Epidemiology*, 33(10): 965-977.

## NF Infection Control Checklist

FEDERAL			
Met?	Not Met?	TAG	Rule
		F-880	Hands: Staff implement standard hand hygiene precautions, including PPE
		F-880	Hands: Alcohol-based hand rubs (ABHR) accessible in appropriate locations
		F-880	Hands: Staff wash hands when visibly soiled or when ABHR not appropriate
		F-880	Hands: Hand hygiene performed even with gloves before/after resident contact
		F-880	Hands: Hand hygiene performed after contact with blood/fluids/contaminated surfaces
		F-880	Hands: Resident hand hygiene after toileting/before meals when assisted by staff
		F-880	Hands: Soap/water/sink readily accessible in appropriate locations
		F-880	Gloves: worn if potential contact with blood/fluid/membranes/non-intact skin
		F-880	Gloves: removed after contact with blood/fluid/membranes/non-intact skin
		F-880	Gown: direct resident contact if resident has uncontained secretions/excretions
		F-880	Facemask: worn if in 3 ft of resident w/ new acute cough/symptoms of respiratory infection
		F-880	Mask/Shield: worn for certain procedures (aerosol-generating/spraying of fluids)
		F-880	PPE discarded after resident care, before leaving room, followed by hand hygiene
		F-880	PPE supplies accessible in resident care areas
		F-880	Transmission-based precautions (TBP): PPE use by staff
		F-880	TBP: Dedicated/disposable non-critical resident equip OR equip cleaned/disinfected
		F-880	TBP: Least restrictive TBP under circumstances
		F-880	TBP: high touch surfaces cleaned/disinfected daily/when soiled
		F-880	Laundry: staff handle/store/transport linens appropriately
		F-880	Laundry: equipment maintained per manufacturer instructions
		F-880	Laundry: supplies (detergent, etc.) used per manufacturer instructions
		F-880	P&P: facility has IPCP based on standards
		F-880	P&P: facility reviews P&P at least annually
		F-880	Surveillance: facility has surveillance plan to identify/track/monitor/report infections
		F-880	Surveillance: plan incl detection, management of resident, TBP
		F-880	Surveillance: plan uses evidence-based criteria to define infections & uses data tool
		F-880	Surveillance: plan includes ongoing analysis & documentation of follow-up activity
		F-880	Surveillance: process for communicating/obtaining test results for transfers
		F-880	Surveillance: facility has current list of reportable diseases
		F-880	Surveillance: staff can identify who/when to report to
		F-880	Surveillance: employees w/ communicable disease have no direct resident/food contact
		F-881	Stewardship: written antibiotic use protocols (incl: document indication/dosage/duration)
		F-881	Stewardship: protocols to review signs/symptoms/labs to evaluate antibiotic usage
		F-881	Stewardship: process for periodic review of antibiotic use by prescribers
		F-881	Stewardship: protocols to optimize treatment of infections
		F-881	Stewardship: system for providing feedback reports on use/resistance patterns/prescribing
		F-883	Vaccines: screening & eligibility for receiving vaccine
		F-883	Vaccines: provision of education (e.g., benefits, potential side effects)
		F-883	Vaccines: administration of vaccines per national recommendations (CDC, ACIP)
		F-883	Vaccines: documentation of resident/representative refusal
		F-883	Vaccines: if not implemented due to shortage, documentation
		F-883	Vaccines: facility P&P

## NF Infection Control Checklist

STATE—Until 3/29			
Met?	Not Met?	TAG	Rule
		1342	Program: Establish/maintain infection control program to provide safe/sanitary/comfortable environment & prevent spread of infection
		1343	Program: Investigate/control/prevent infection
		1344	Program: Decide what procedures (e.g., isolation) to apply to individual residents
		1345	Program: Document incidents/corrective actions
		1346	Prevention: acceptable resident isolation per program
		1347	Prevention: employees w/ communicable disease no direct resident/food contact
		1348	Prevention: handwashing after direct resident contact
		1349	Prevention: report names with reportable disease & follow health authority's direction
		1350	Have/implement policies for control of disease; maintain evidence of compliance with state/local codes
		1351	Documented review of facility's tuberculosis risk per CDC
		1352	TB screening for staff prior to providing services, documented
		1353	If facility determines employee exposed to communicable disease, act appropriately
		1354	If facility determines employee exposed to communicable disease, reassess risk
		1355	TB screening for residents at admission per doctor recommendation/CDC
		1356	Policy: develop/implement policy to protect from vaccine-preventable disease per HSC 224
		1357	Policy: employee/contractor receive vaccines per facility policy based on risk assessment
		1358	Policy: specifies which vaccines employees/contractors must receive
		1359	Policy: includes procedures to verify compliance of employees/contractors with policy
		1360	Policy: includes procedures to exempt employees/contractors with contraindications
		1361	Policy: if employee/contractor exempted, procedures to protect residents
		1362	Policy: prohibits retaliation against employee/contractor who was exempted
		1363	Policy: requires documentation of employee/contractor compliance/exemption
		1364	Policy: includes disciplinary action facility may take against empl/contractor fails to comply
		1365	Policy: may include procedures for employee/contractor be exempt for conscience/religion
		1366	Policy: may prohibit exempt employee/contractor from resident contact in disaster
		1367	Offer vaccinations per ACIP/CDC
		1368	Offer pneumococcal at admission and to resident 65+/candidate for vaccine; administer unless contraindicated
		1369	May give 2 <sup>nd</sup> pneumococcal 5 yrs later, based on assessment unless contraindicated/refused
		1370	Must offer flu vaccine to residents/employees with resident contact, unless contraindicated or refused by resident
		1371	Flu vaccines completed by 11/30 each year; admissions 11/30-3/31 receive vaccine unless contraindicated/refused
		1372	P&P: resident/representative receives education re: benefits/side effects & document
		1373	Hep B vaccines for employees: method to identify risk, offer vaccine to those at risk
		1374	Resident records: documentation of receipt, refusal, or contraindication
		1375	Linens: handle/store/process/transport to prevent spread of infection & per §19.325
		1376	QAAC monitors the infection control program.
		1377	Follow universal precautions; comply with OSHA

## Monitoring Compliance with Infection Control Checklist

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Conducted By: \_\_\_\_\_

Surveillance Item	Compliance				Comments	Corrective Action Recommended
	Yes	No	Not Known	Not Applicable		
<b>Nursing Services</b>						
Is equipment clean (i.e., bedpans, basins, urinal, etc.)?						
Are personal belongings marked, stored?						
Is water pitcher clean, marked; are water and ice fresh?						
Is resident clean and dry?						
Is there evidence of oral care, handwashing?						
Are isolation precautions communicated to staff and visitors, when appropriate?						
Is equipment cleaned per facility protocol and manufacturer instructions, i.e. glucometer, AED, PT/INR machines?						
<b>Foley Catheters</b>						
Is hygiene practiced before and after handling catheter system?						
Is tubing anchored?						
Is bag below the bladder?						
Is bag off the floor?						
Are separate marked, disinfected graduates available for each resident?						
Is the urine clear?						
Is Foley free from grit or sediment?						
<b>Tube Feeding</b>						
Is hand hygiene practiced before and after handling tubing system, administering feeding solution?						
Is administration tubing marked and dated?						
Has tubing been in place under 24 hours?						
Is feeding syringe marked, dated, cleaned and stored according to established practices?						
Is solution correct solution, date, and rate?						
Is solution not separated?						
Is there evidence of good oral hygiene?						
<b>Tracheostomy</b>						
Is hand hygiene witnessed before and after handling tracheostomy?						
Are two (2) gloves (one on each hand) used for suctioning?						
Is the site clean and dry?						
Is extra tracheostomy tube available?						
Are suction machine and extra catheters at bedside?						
Is sterile technique used for suctioning trach?						
Are solutions dated (not over 24 hours)?						
<b>Ostomy/Wound Care</b>						
Is hand hygiene practiced before and after procedure?						
Is skin site clean?						
Are aseptic/sterile techniques used as appropriate?						
Is contamination avoided?						
Does the resident have own (dedicated) supplies for ostomy care?						
Are solutions marked and dated, stored separately?						
Is there safe handling of blood and infectious fluids?						
Is antiseptic applied to site per physician order?						
<b>IV Therapy</b>						
Is hand hygiene practiced before and after procedure?						
Are IV tubings dated (not over 72 hours)?						
Is site free from signs/symptoms of inflammation, purulent drainage, pain or tenderness?						
Is site care performed?						
Is insertion practice in standard with policy and procedure?						
Is sterile technique used for insertion?						



Surveillance Item	Compliance					Comments	Corrective Action Recommended
	Yes	No	Not Known	Not Applicable			
<b>Needle Handling</b>							
Is aseptic technique used when administering injections?							
Are needles recapped by hand?							
Are needles recapped with a recapping device?							
Are needles deposited uncapped into designated sharps container?							
Is the sharps container overfilled?							
Is the sharps container marked "BIOHAZARD"?							
Is the sharps container properly stored?							
Does safe handling of needles appear to be a staff priority?							
When asked what to do if needlestick occurs, is response appropriate?							
<b>Infection Control</b>							
Is there monitoring for healthcare-associated infections?							
Is a surveillance log maintained?							
Are residents free from healthcare-associated infections?							
Does prevention of healthcare-associated infections appear to be a staff priority?							
Are infection rates evaluated?							
Are residents at high risk of infection identified and monitored?							
Are infection control practices and procedures adopted and used appropriately?							
Are residents immunized against Pneumococcus, Influenza?							
Are communicable diseases/infections reported to the health department?							
Is there documentation of monthly infection control meetings?							
Is infection control policy and procedure manual current?							
Are infection control policies and procedures reviewed annually?							
<b>Dietary Services</b>							
Do food handlers wash hands upon entering room, before handling food, and after handling soiled dishes?							
Are food tray temperatures below 45°F or above 140°F?							
Are refrigerator temperatures 45°F or below?							
Are freezer temperatures 0°F or below?							
Is food held at the bedside?							
Are sanitizing procedures (dishes, glassware, utensils, equipment, etc.) appropriate, clear?							
Is uncooked food stored over cooked food?							
Is environment clean?							
<b>Laundry Services</b>							
Do employees wash hands and use gloves appropriately?							
Is environment clean?							
Are clean and dirty linen carts kept separate?							
Is linen visually clean and intact?							
Is linen stored in enclosed area?							
Is protective gear (gloves, gowns) worn during sorting, handling of soiled laundry?							
Is contaminated linen sent to laundry in plastic "BIOHAZARD" bags?							
Is linen held away from the employee's clothing?							



## COVID-19 Focused Survey for Nursing Homes

### Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] **COVID-19.**”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

#### Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

#### 1. Standard and Transmission-Based Precautions (TBPs)

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for

(3/20/2020)

Page 1

## COVID-19 Focused Survey for Nursing Homes

not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

### General Standard Precautions

- ☐ Are staff performing the following appropriately:
- Respiratory hygiene/cough etiquette,
  - Environmental cleaning and disinfection, and
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

### Hand Hygiene

- ☐ Are staff performing hand hygiene when indicated?
- ☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?
- ☐ If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?
- ☐ Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?
- ☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:
- Before and after contact with the resident;
  - After contact with blood, body fluids, or visibly contaminated surfaces;
  - After contact with objects and surfaces in the resident's environment;
  - After removing personal protective equipment (e.g., gloves, gown, facemask); and
  - Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?
- ☐ When being assisted by staff, is resident hand hygiene performed after toileting and before meals?



## COVID-19 Focused Survey for Nursing Homes

- ☐ Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

### Personal Protective Equipment (PPE)

- ☐ Determine if staff appropriately use PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
  - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
  - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.
- ☐ Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- ☐ If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- ☐ Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
  - Do staff know how to obtain PPE supplies before providing care?
  - Do they know who to contact for replacement supplies?

### Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2)

- ☐ Determine if appropriate Transmission-Based Precautions are implemented:
- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
  - For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
  - For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
  - For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
  - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

## COVID-19 Focused Survey for Nursing Homes

- Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
    - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
    - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
    - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
    - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
  - Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
  - Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
  - Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?
- ☐ Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.
- ☐ If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.
- 1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)?** ☐ Yes ☐ No F880

### 2. Resident Care

- ☐ If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.
- ☐ Has the facility cancelled group outings, group activities, and communal dining?



### COVID-19 Focused Survey for Nursing Homes

- ☐ Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?
- ☐ For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- ☐ For residents who need to leave the facility for care (e.g. dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- ☐ Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

**2. Did staff provide appropriate resident care?** ☐ Yes ☐ No F880

#### 3. IPCP Standards, Policies and Procedures

- ☐ Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- ☐ Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- ☐ Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

**3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?** ☐ Yes ☐ No F880

#### 4. Infection Surveillance

- ☐ How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- ☐ How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- ☐ How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- ☐ Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- ☐ Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?

### COVID-19 Focused Survey for Nursing Homes

- ☐ Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider; and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- ☐ Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?
- ☐ Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

**4. Did the facility provide appropriate infection surveillance?** ☐ Yes ☐ No F880

#### 5. Visitor Entry

- ☐ Review for compliance of:
- Screening processes and criteria (i.e., screening questions and assessment of illness);
  - Restriction criteria; and
  - Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- ☐ For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?
- ☐ For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

**5. Did the facility perform appropriate screening, restriction, and education of visitors?** ☐ Yes ☐ No F880

#### 6. Education, Monitoring, and Screening of Staff

- ☐ Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- ☐ How does the facility convey updates on COVID-19 to all staff?
- ☐ Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- ☐ If staff develop symptoms at work (as stated above), does the facility:
- Place them in a facemask and have them return home;
  - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and



### COVID-19 Focused Survey for Nursing Homes

- Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

6. Did the facility provide appropriate education, monitoring, and screening of staff? ☐ Yes ☐ No F880

#### 7. Emergency Preparedness - Staffing in Emergencies

- ☐ Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?
- ☐ Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

☐ Yes ☐ No E0024

*Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.*

*The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.*

### Summary of the COVID-19 Focused Survey for Nursing Homes

This is a summary of the COVID-19 Focused Survey for Nursing Homes and the Survey Protocol. Surveyors should review the Survey Protocol for more detailed information as well as the Focused Survey. Facilities can review the Focused Survey to determine CMS's expectations for an infection prevention and control program during the COVID-19 pandemic.

Offsite Survey Activity	Onsite Survey Activity	Facility Self-Assessment
<ul style="list-style-type: none"> <li>For facilities with an active COVID-19 case, the survey team should contact their State Survey Agency (SSA), the state health department, and CMS Regional Location to coordinate activities for these facilities.</li> <li>Ensure surveyors are medically cleared, and have personal protective equipment (PPE) that could be required onsite.</li> <li>Conduct offsite planning to limit interruptions to care while onsite. Obtain information on: <ul style="list-style-type: none"> <li>Facility-reported information;</li> <li>CDC, state/local public health reports;</li> <li>Available hospital information regarding patients transferred to the hospital; and/or</li> <li>Complaint allegations.</li> </ul> </li> <li>Identify survey activities that will be conducted offsite, such as: <ul style="list-style-type: none"> <li>Medical record review</li> <li>Telephonic interviews, such as: <ul style="list-style-type: none"> <li>Surveillance policies</li> <li>First onset of symptoms</li> <li>Communication to facility leaders and health officials</li> </ul> </li> <li>Policy/Procedure Review <ul style="list-style-type: none"> <li>Infect. Control/Prev. Plan</li> <li>Emerg. Prep. Plan, including contingency strategies (e.g., staffing)</li> </ul> </li> </ul> </li> <li>Conduct survey exit discussion telephonically and draft the CMS-2567 offsite.</li> </ul>	<ul style="list-style-type: none"> <li>Limit the onsite team to one to two surveyors.</li> <li>Identify onsite assignments for activities, such as: <ul style="list-style-type: none"> <li>Resident Care Observations: <ul style="list-style-type: none"> <li>Hand hygiene practices</li> <li>Proper use/discarding of PPE</li> <li>Cleansing medical equipment</li> <li>Effective Transmission-Based Precautions</li> </ul> </li> <li>Environmental observations: <ul style="list-style-type: none"> <li>Signage at entrances and resident rooms</li> <li>Screening (staff at shift change, entrances, limiting nonessential staff)</li> <li>Hand hygiene stations</li> </ul> </li> <li>Interviews: <ul style="list-style-type: none"> <li>Policy/Procedure knowledge</li> <li>Surveillance for sign/symptoms</li> <li>Notifying local health officials</li> </ul> </li> </ul> </li> <li>Adhere to all CDC guidance for infection prevention and control related to COVID-19.</li> <li>Provide the facility with the COVID-19 Entrance Conference worksheet and utilize this to request necessary information.</li> <li>Identify and arrange for interviews that can be done telephonically.</li> <li>Be alert of other immediate jeopardy (IJ) situations that may be present, and investigate appropriately.</li> </ul>	<p>Facilities should utilize the COVID-19 Focused Survey for Nursing Homes as a self-assessment tool. Priority areas for self-assessment include all of the following:</p> <ol style="list-style-type: none"> <li>Standard Precautions; <ol style="list-style-type: none"> <li>Hand hygiene</li> <li>Use of PPE</li> <li>Transmission-Based Precautions</li> </ol> </li> <li>Resident care (including resident placement);</li> <li>Infection prevention and control standards, policies and procedures;</li> <li>Infection surveillance;</li> <li>Visitor entry (i.e., screening, restriction, and education);</li> <li>Education, monitoring, and screening of staff; and</li> <li>Emergency preparedness – staffing in emergencies</li> </ol>

### **Summary of the COVID-19 Focused Survey for Nursing Homes**

*Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.*

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## COVID Action Plan

**Guidance:** Per, CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel and visitors at the facility.

### Restricted Visitation

- **ALL** Facilities will restrict visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as end of life.
- For individuals who enter in compassionate situations, facilities should perform hand hygiene and use PPE such as facemasks.
- Decisions about visitation during an end of life situation should be made on a case by case basis. Screening of visitors will occur, and the facility will follow the screening process.
- Exceptions to Restrictions:
  - Essential Healthcare workers will be allowed to enter the facility; however, they will be screened before entrance is allowed.
  - Essential Healthcare workers includes but is not limited to:
    - Administrative Facility Staff
    - Nurses, CNAs, Laundry staff, Nutrition Staff, Housekeeping Staff, Maintenance Staff.
    - Selected Regional Support Staff (list was sent to all Facilities)
    - NP, Physicians, Hospice Nurses, Hospice Nurse Aides, EMS, Psychological Services
- Cancel communicable dining and all group activities, such as internal and external group activities
- Implement active screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.
- If a staff member has fever > 100 degrees F. or shows signs of cough, sore throat, or signs of respiratory infection, they must go home and not return until they are fever free (if this is the only symptom) for 24 hours without the use of a medication that will reduce fever.
- Advise visitors, and any individuals who entered the facility, to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.

### If a staff member is exposed to the COVID 19

- The employee must inform the Administrator immediately.
- The Administrator will immediately notify SVP of Operations, SVPC, VP-Regulatory Compliance
- If the employee has reported to work and they are at the screening station, they must leave the facility immediately and not return for recheck for 14 days.
- If the employee is at home and report, they are not to enter the facility for 14 days and will be rescreened at that time.
- If the staff member becomes ill, they must report to the facility immediately with signs and symptoms (if they mimic COVID 19, contact Local Health Department)

### IF a staff member has presumed or confirmed COVID

- ***If the employee is not at work***, they will be instructed to contact the local health department and will remain away from work for 14 days and then will be re-screened before returning to work.

### If the employee is at work, they must don a mask and leave immediately

- The administrator will contact the local health department for direction.
- All staff who has come into contact with this presumed or confirmed COVID staff member will have to be self quarantined for 14 days before being rescreened.
- All residents will be assessed with baseline vitals and will be discouraged to leave their rooms
- Group dining will be stopped, and staff will be delivering meals to the resident rooms



- All group activities will stop until further notice
- IF confirmed, admission of other potential residents will stop.

#### **If a resident has presumed or confirmed COVID**

- If the resident meets the criteria of presumed COVID:
  - The resident will have a mask placed immediately and moved to designated isolation room.
  - The Administrator will contact the local health department immediately and request a test for confirmation. The facility will follow the direction of the Local Health Department.
  - The Medical Director will be contacted by the Administrator and informed of the potential case.
  - The nurse will contact the physician immediately and the designated isolation care team will take over the care of the resident on Isolation.
  - If the physician directs the team to send the resident to the ER, the nurse will contact the ER before transporting and alert them why we are sending the resident. The nurse will also alert the EMS team that we are transporting a suspected case of COVID.
  - The Administrator will start the Notification Tree and alert the family of the resident that we are suspecting the resident has COVID.
  - Admission of other potential residents will stop.
  - Staff will be reeducated on the isolation process and that only designated staff will care for the isolated residents that have presumed and/or active COVID.
  - If the resident with mild or moderate symptoms may not need to be transferred to the hospital and will remain on Isolation (Standard, Contact, and Airborne, or Droplet) with the door closed, through the course of the infection, unless they require a higher level of care.
  - Prior to transfer, emergency medical services and the receiving facility should be alerted to the resident's diagnosis and precautions to be taken including placing a facemask on the resident during transfer.
  - If the resident does not need hospitalization and can be discharged to home safely. The family can take the resident home. (in consultation with the local and/or state public health authorities.)

#### **Accepting a resident who was diagnosed with COVID – 19 from a hospital**

- Currently the facility will not admit a resident from the Hospital who is still requiring Transmission – Based Precautions.

## COVID Action Plan

**Guidance:** Per, CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents, healthcare personnel and visitors at the facility.

### Restricted Visitation

- **ALL** Facilities will restrict visitation of **all** visitors and non-essential health care personnel, except for certain compassionate care situations, such as end of life.
- For individuals who enter in compassionate situations, facilities should perform hand hygiene and use PPE such as facemasks.
- Decisions about visitation during an end of life situation should be made on a case by case basis. Screening of visitors will occur, and the facility will follow the screening process.
- Exceptions to Restrictions:
  - Essential Healthcare workers will be allowed to enter the facility; however, they will be screened before entrance is allowed.
  - Essential Healthcare workers includes but is not limited to:
    - Administrative Facility Staff
    - Nurses, CNAs, Laundry staff, Nutrition Staff, Housekeeping Staff, Maintenance Staff.
    - Selected Regional Support Staff (list was sent to all Facilities)
    - NP, Physicians, Hospice Nurses, Hospice Nurse Aides, EMS, Psychological Services
- Cancel communicable dining and all group activities, such as internal and external group activities
- Implement active screening of residents and staff for fever and respiratory symptoms.
- Remind residents to practice social distancing and perform frequent hand hygiene.
- If a staff member has fever > 100 degrees F. or shows signs of cough, sore throat, or signs of respiratory infection, they must go home and not return until they are fever free (if this is the only symptom) for 24 hours without the use of a medication that will reduce fever.
- Advise visitors, and any individuals who entered the facility, to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility.

### If a staff member is exposed to the COVID 19

- The employee must inform the Administrator immediately.
- The Administrator will immediately notify SVP of Operations, SVPC, VP-Regulatory Compliance
  - The facility will consult CDC Exposure Risk guidance and
  - The facility will consult the local health department for recommendations.
- If the staff member becomes ill, they must report to the facility immediately with signs and symptoms (if they mimic COVID 19, contact Local Health Department)

### IF a staff member has presumed or confirmed COVID

- ***If the employee is not at work***, they will be instructed to contact the local health department.
  - The facility will consult CDC Exposure Risk guidance and
  - The facility will consult the local health department for recommendations.

### If the employee is at work, they must don a mask and leave immediately

- The administrator will consult with the local health department for quarantine guidance **and** will consult with the CDC Exposure Risk Guidance.
- All residents will be assessed with baseline vitals and will be discouraged to leave their rooms
- Staff will be delivering meals to the resident rooms
- An audit will occur to identify any resident who is potentially exposed.
- The residents who have been exposed will be placed in quarantine

- Staff will wear full PPE and will don and doff gowns with each encounter.

### **If a resident has presumed or confirmed COVID**

- If the resident meets the criteria of Confirmed/Presumed COVID:
  - The resident will have a mask placed immediately and moved to designated isolation room.
  - The Administrator will contact the local health department immediately and request a test for confirmation. The facility will follow the direction of the Local Health Department.
  - The Administrator will start the Notification Tree and alert the family of the resident that we are suspecting the resident has COVID.
    - Notifications include but not limited to:
      - Regional Team
      - SVP Operations
      - SVP Clinical Operations
      - Staff
      - Families
      - Health Department
      - State Agency
  - Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. Update the Website Immediately
  - You must have documentation to show you have completed your notification timely.
  - Staff working at a long-term care facility where a positive case has been confirmed will no longer be able to work in another facility. Healthcare workers must also wear masks and have on-site temperature checks.
  - In the instance of positive case(s) in the facility, the staff will then have their temps taken 2 times during the shift and resident respiratory assessments will be increased to no less than twice a day.
  - Testing of residents and staff will be directed by the health department and state agency.
  - The Medical Director will be contacted by the Administrator and informed of the potential case.
  - The nurse will contact the physician immediately and the designated isolation care team will take over the care of the resident on Isolation.
  - The facility will design a floor plan to identify zones within the facility for example: Hot (Red), Warm (Yellow), and Cool (green or blue) zones.
  - Dedicated staff will be assigned to each zone and will not be allowed to cross to a different zone while working.
  - Residents on Isolation related to positive test results for COVID - 19 will be encouraged to wear masks while care is being delivered
  - Meals will be served on paper goods for the whole facility.
  - Respiratory treatments must be discouraged, if a resident must have a breathing treatment, the nurse will be the only one who will be in the resident room during this procedure.
  - If the physician directs the team to send the resident to the ER, the nurse will contact the ER before transporting and alert them why we are sending the resident. The nurse will also alert the EMS team that we are transporting a suspected case of COVID.
  - Staff will be reeducated on the isolation process and that only designated staff will care for the isolated residents that have presumed and/or active COVID.
  - The resident rooms will be cleaned daily with the use of an accepted disinfectant that is EPA approved, for example, K - Quat is the disinfectant used with a 10-minute dry time.
  - The Biohazard room will be monitored frequently and may require more frequent pickups related to the gown burn rate. The facility will alert the Biohazard Pick up Vendor when there is a potential or actual outbreak.
  - The facility will use Sani Wipes for essential resident equipment cleaning for example: Glucometers and this chemical has a 3-5-minute dry time.

- If there are smoking residents who are residing in quarantined area, they will have separate smoking times staggered and will be able to smoke but not with the general population. They must wear masks to the smoking areas.
- If the resident has mild or moderate symptoms, they may not need to be transferred to the hospital and will remain on Isolation (Standard, Contact, and Airborne, or Droplet) with the door closed, through the course of the infection, unless they require a higher level of care.
- The resident room will be terminally cleaned once they are transferred to the hospital.
- If the resident does not need hospitalization and can be discharged to home safely. The family can take the resident home. (in consultation with the local and/or state public health authorities.) But must be tested and have negative results before being sent home. Family must be informed that they will have to self-quarantine for 14 days.

### Accepting a resident who was diagnosed with COVID – 19

- If the resident was at the facility and is now a readmit with positive COVID – 19, the facility will readmit on Isolation and in an area for cohorting only COVID – 19 cases where applicable.

## Other Admissions

### Cohorting Residents:

Residents need to be cohorted with those who have the same COVID-19 status.

- Facility should prepare to have three categories of residents:
  - Residents without COVID-19 (Confirmed negative, recovered and meet CDC criteria to discontinue transmission-based precautions, not showing symptoms)
  - Residents with confirmed cases of COVID-19
  - Residents with unknown status, and possible cases of COVID-19 awaiting test results  
Unknown status includes new admissions, readmissions, residents who have spent at least one night away from the facility

### Clarifications:

- Residents who are in the 14-day quarantine and monitoring period do not have to start over if a roommate is brought in at a later date, unless that roommate tests positive.
- Residents who leave the facility for appointments and return the same day are not considered unknown, and their status remains the same as it was when they left. They may return to their original room, under the same status.
- All residents who have unknown status must be isolated and monitored for the full 14-day period. Testing is not an option to decrease the period.
- Unknown status should wear all CDC recommended PPE including N95, eye protection, gloves, and gowns.
- Residents with unknown status may still receive therapy in the gym, however they may not come in contact with anyone whose status is known to be positive or negative. They should wear a face covering while out of the bedroom, and disinfect the area used before and after each use.
- Symptomatic residents should be isolated while awaiting results of their test to the extent possible, not moving them to a “hot” positive hall, but private room if available.
- Dialysis patients can be cohorted together, first by the same center, same day if possible. A dialysis patient status remains the same despite their routine entry into the community. Residents should be provided a face covering as tolerated.
- New admissions may be admitted with roommates of like “unknown” status. This includes quarantine halls during periods of possible cases awaiting test results.



The background of the slide features a light blue to dark blue gradient. Scattered across the top and right sides are several realistic water droplets of varying sizes, some with highlights and shadows, giving a sense of depth and texture.

# CORONAVIRUS DISEASE 2019

## COVID -19

## BACKGROUND

- CORONAVIRUSES ARE A LARGE FAMILY OF VIRUSES
- COMMON IN ANIMALS INCLUDING CAMELS, CATTLE, CATS AND BATS
- CORONAVIRUS ALSO KNOWN AS SARS-COV-2 OR COVID – 19
- MOST OF THESE VIRUSES DO NOT TRANSMIT TO HUMANS BUT THREE OF THESE TYPES OF VIRUSES HAVE THEIR ORIGINS IN BATS AND CAN BE TRANSMITTED TO HUMANS LIKE SARS AND MERS
- ORIGINATED IN CHINA BUT IS NOW IN 37 LOCATIONS INTERNATIONALLY, INCLUDING THE USA



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## SPREAD OF VIRUS

Initially the thought was it was spread through large seafood and at the live animal market, suggesting animal-to-person spread.

It is now indicated that the spread is person-to-person

It is thought that the spread is droplet in nature from coughing or sneezing.



# PERSON TO PERSON

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Between people who are in close contact with one another (about 6 Feet)

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Via Respiratory droplets produced when an infected person coughs or sneezes

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These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs

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It may be possible that a person can get COVID – 19 by touching a surface of object that has the virus on it and then touching their own mouth, nose or possibly their eyes. Surface exposure is not thought to be the main way the virus spreads.

## SPREAD OF VIRUS CONT.

- THIS VIRUS SEEMS TO SPREAD EASILY ESPECIALLY IN CHINA
- HOWEVER, THERE IS MORE TO LEARN ABOUT ITS TRANSMISSIBILITY, SEVERITY AND OTHER FEATURES
- STILL MORE TO LEARN ABOUT WHAT WILL HAPPEN IN THE UNITED STATES
- PREPARING FOR A PANDEMIC OUTBREAK IS ESSENTIAL

## FUTURE PREDICTION

- MORE CASES ARE BEING IDENTIFIED DAILY
- IT IS LIKELY THAT THE PERSON TO PERSON SPREAD WILL CONTINUE TO OCCUR, INCLUDING THE UNITED STATES
- THE FOCUS IS SCHOOLS, MEDICAL FACILITIES, WORKPLACES AND ANY PLACE WHERE THERE ARE MASS GATHERINGS.
- CDC IS WORKING CLOSELY WITH STATE AND LOCAL ENTITIES TO RESPOND TO THE POTENTIAL THREAT.
- THERE IS NO VACCINE OR MEDICATION TO LESSEN THE SYMPTOMS OR DURATION OF THE INFECTION
- CDC RECOMMENDS FOR EVERYONE TO GET THE FLU SHOT TO MITIGATE THE SPREAD OF GERMS ESPECIALLY THOSE ASSOCIATED WITH COVID -19

# SYMPTOMS

Symptoms may appear in as few as 2 days or as long as 14 days after exposure



Symptoms can be in a range from mild to severe respiratory illness



Symptoms include:

Fever

Cough

Shortness of breath





## STEPS TO PREVENT SPREAD

- IF YOU ARE SICK FROM COVID - 19
  - RESTRICT ACTIVITIES OUTSIDE YOUR HOME, EXCEPT FOR GETTING MEDICAL CARE
  - DO NOT GO TO WORK, SCHOOL OR PUBLIC AREAS
  - SEPARATE YOURSELF FROM OTHER PEOPLE AND ANIMALS IN YOUR HOME
  - (IT IS NOT KNOWN IF ANIMALS CAN BECOME SICK BUT UNTIL MORE IS KNOWN THE RECOMMENDATION IS TO STAY AWAY FROM THEM IF YOU ARE SICK
  - USE A SEPARATE BATHROOM IF POSSIBLE
  - CALL AHEAD BEFORE VISITING YOUR DOCTOR
  - WEAR A FACEMASK WHEN AROUND OTHER PEOPLE



## STEPS TO PREVENT SPREAD

- COVER YOUR COUGHS AND SNEEZES
- THROW USED TISSUES IN A LINED TRASH CAN AND IMMEDIATELY WASH HANDS WITH SOAP AND WATER OR CLEAN YOUR HANDS WITH ALCOHOL-BASED HAND SANITIZER
- WASH YOUR HANDS OFTEN WITH SOAP AND WATER OR CLEAN WITH ALCOHOL-BASED HAND SANITIZER
- AVOID SHARING PERSONAL HOUSEHOLD ITEMS LIKE DISHES, DRINKING GLASSES, TOWELS OR BEDDING.
- CLEAN AND DISINFECT HIGH TOUCH SURFACES OFTEN

# TREATMENT

There is currently no medication that is available for vaccination or treatment of the virus

Treatment of symptoms is the current practice

Multiorgan support in severe cases





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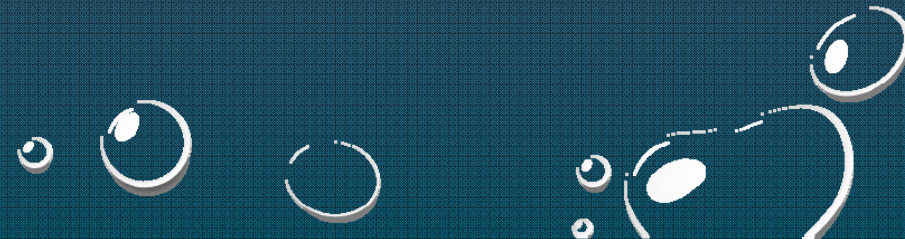
# HEALTHCARE SETTINGS

# INFECTION PREVENTION AND CONTROL

- CDC DISCUSSES THE FOLLOWING RECOMMENDATIONS FOR PREVENTION AND CONTROL
  - MAKE SURE STANDARD INFECTION CONTROL STANDARDS ARE IN PLACE, INCLUDING ISOLATION PRECAUTIONS
  - STANDARD PRECAUTIONS – ASSUME EVERY PERSON IS POTENTIALLY INFECTED WITH A PATHOGEN THAT COULD BE TRANSMITTED IN THE HEALTHCARE SETTING.
  - THE HEALTHCARE TEAM **MUST** CONDUCT TRAINING ON CORRECT USE AND PROPER DONNING AND DISPOSAL OF ANY PPE

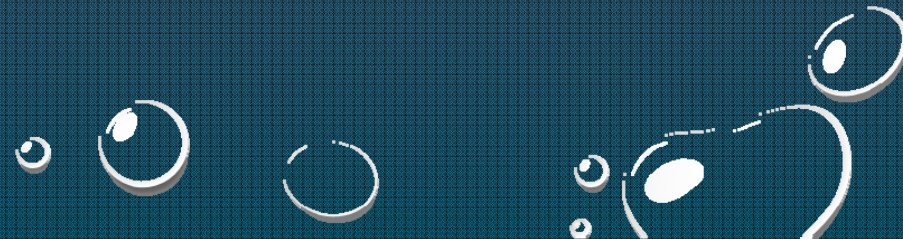
# PATIENT CARE

- ALL HEALTHCARE PERSONNEL WHO ENTER THE ROOM OF A PATIENT/RESIDENT WITH KNOWN OR SUSPECTED COVID – 19 SHOULD ADHERE TO:
  1. STANDARD
  2. CONTACT AND
  3. AIRBORNE PRECAUTIONS



## CARE CONT.

- ALL THREE PRECAUTIONS MUST BE PRACTICED
- IF THERE IS AN AIIR (AIRBORNE INFECTION ISOLATION ROOM) AT NEGATIVE PRESSURE, PLACE THE INFECTED RESIDENT IN THIS ROOM.
- AIIR ROOMS EXCHANGE AIR WITH A MINIMUM OF 6 AIR EXCHANGES
- IF AIIR IS NOT AVAILABLE THE RESIDENT SHOULD BE TRANSFERRED TO A HOSPITAL AS SOON AS FEASIBLE.





# ISOLATION

01

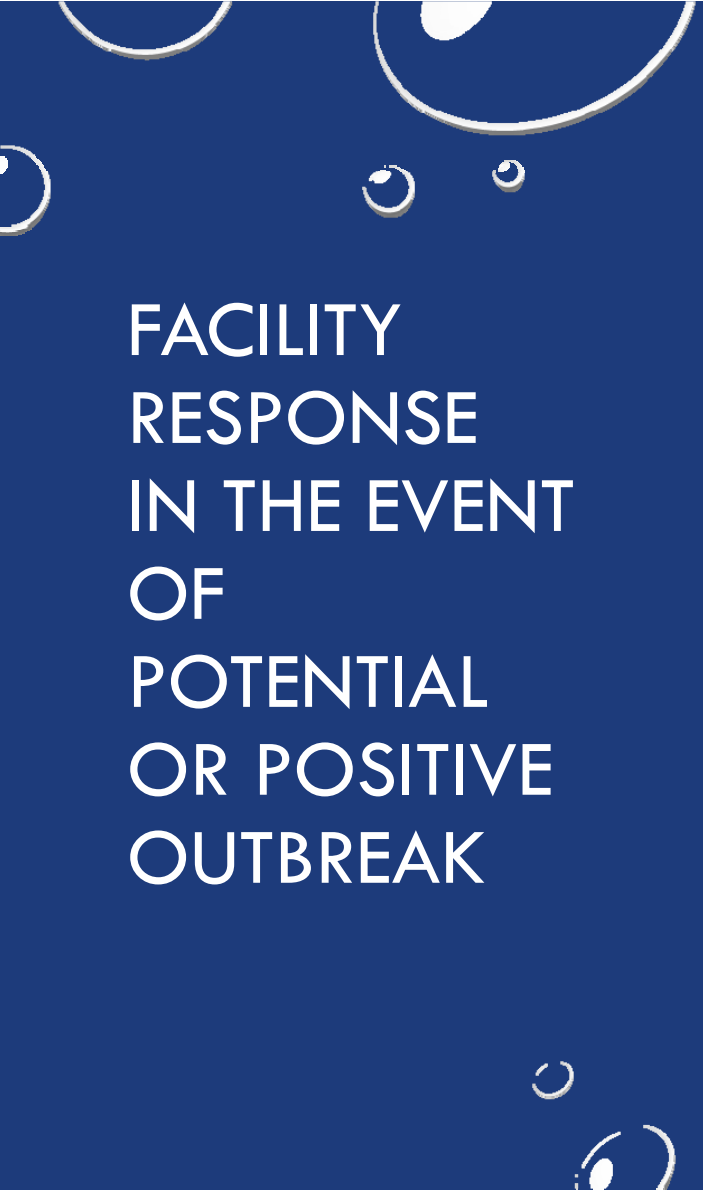
When air is not available, the resident must be placed in either a private room or cohort with another resident who has the same infection

02

In this case the resident must wear a mask to contain secretions

03

Remember that contact, airborne and standard precautions must be practiced so mask, gown, gloves and eye protection must be part of PPE



## FACILITY RESPONSE IN THE EVENT OF POTENTIAL OR POSITIVE OUTBREAK

- PERSONNEL ENTERING ROOM MUST USE PPE
- ONLY ESSENTIAL PERSONNEL SHOULD ENTER THE ROOM
- FACILITIES SHOULD CONSIDER CARING FOR THESE PATIENTS/RESIDENTS WITH DEDICATED STAFF TO MINIMIZE RISK OF TRANSMISSION AND EXPOSURE TO OTHER PATIENTS/RESIDENTS AND OTHER STAFF
- KEEP A LOG OF ALL PERSONS WHO CARE FOR OR ENTER THE ROOMS FOR CARE AREAS OF THESE PATIENTS/RESIDENTS
- USE DEDICATED OR DISPOSABLE NONCRITICAL PATIENT-CARE EQUIPMENT. IF USING NON-DISPOSABLE CARE ITEMS, DISINFECT SUCH EQUIPMENT BEFORE USE ON ANOTHER RESIDENT ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS

## ROOM CLEANING AFTER DISCHARGE OR ROOM MOVE

- STAFF ENTERING THE ROOM SOON AFTER A RESIDENT VACATES THE ROOM SHOULD USE RESPIRATORY PROTECTION (N95 RESPIRATOR OR SIMILAR). STANDARD PRACTICE FOR PATHOGENS SPREAD BY THE AIRBORNE ROUTE IS TO RESTRICT UNPROTECTED INDIVIDUALS UNTIL A SAFE TIME TO RETURN (SIMILAR TO MEASLES) TO THE ROOM. MAKE SURE ROOM IS WELL VENTILATED.
- THE ROOM SHOULD BE WELL DISINFECTED BEFORE RETURNING IT TO ROUTINE USE.

# Germ Farm



## Scrub'em!

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# PREVENTION AND CONTROL

## • HAND HYGIENE

- # ONE WAY TO PREVENT THE SPREAD OF INFECTION
- SHOULD BE PERFORMED BEFORE AND AFTER ALL PATIENT CONTACT, CONTACT WITH POTENTIALLY INFECTIOUS MATERIAL AND BEFORE PUTTING ON AND UPON REMOVAL OF PPE, INCLUDING GLOVES.
- PROPER HANDWASHING TECHNIQUE INCLUDES WASHING HANDS WITH SOAP AND WATER FOR AT LEAST 20 SECONDS
- HEALTHCARE FACILITIES SHOULD ENSURE THAT HAND HYGIENE SUPPLIES ARE READILY AVAILABLE IN EVERY CARE LOCATION



# PPE

## PERSONAL PROTECTIVE EQUIPMENT

- THE FOLLOWING ITEMS SHOULD BE INCLUDED IN PERSONAL PROTECTIVE EQUIPMENT (PPE)
  - ☐ GLOVES
  - ☐ GOWNS – CLOTH (REUSABLE), DISPOSABLE (DISCARD AFTER USE)
  - ☐ RESPIRATORY PROTECTION
    - ☐ USE RESPIRATORY PROTECTION THAT IS AT LEAST AS PROTECTIVE AS A FIT-TESTED NIOSH – CERTIFIED DISPOSABLE N95 FILTERING FACEPIECE RESPIRATOR BEFORE ENTRY INTO THE PATIENT ROOM OR CARE AREA.
    - ☐ DISPOSABLE RESPIRATORS SHOULD BE REMOVED AND DISCARDED AFTER EXITING THE PATIENT'S ROOM OR CARE AREA AND CLOSING THE DOOR. PERFORM HAND HYGIENE AFTER DISCARDING THE RESPIRATOR
    - ☐ IF REUSABLE RESPIRATORS USED THEY MUST BE CLEANED AND DISINFECTED ACCORDING TO THE MANUFACTURER'S REPROCESSING INSTRUCTIONS PRIOR TO RE-USE.

# PPE PERSONAL PROTECTIVE EQUIPMENT PPE

Eye Protection — put on eye protection upon entry to room or care area. Remove eye protection before leaving the patient room or care area. (goggles, or a disposable face shield that covers the front and sides of the face)

staff providing care to these types of patients/residents, must be trained on and demonstrate an understanding of when to use a PPE, what PPE is, why it is necessary and how to don, use and remove/dispose of PPE.

# TREATMENT



Use caution when performing aerosol-generating procedures, like open suctioning of airways, RT Treatments.



Limit the number of staff when this or these treatments are occurring.



Collecting diagnostic respiratory specimens are likely to induce coughing or sneezing. Limit staff during this procedure.



These procedures should be conducted in either a air room or a room with the door closed.



It would be ideal for the patient to not be placed in any room where the room exhaust is recirculated within the building without HEPA filtration.





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# MANAGE VISITOR ACCESS AND MOVEMENT WITHIN THE FACILITY

- ESTABLISH PROCEDURES FOR MONITORING, MANAGING AND TRAINING VISITORS
- RESTRICT VISITORS FROM ENTERING THE ROOM OF A KNOWN OR SUSPECTED COVID – 19 RESIDENT. ENCOURAGE VISITS TO BE CONDUCTED VIA CELL PHONE, IPAD ETC.
- VISITORS WITH KNOWN OR SUSPECTED COVID – 19 SHOULD BE SCHEDULED AND CONTROLLED TO ALLOW FOR
  - SCREENING VISITORS FOR SYMPTOMS OF ACUTE RESPIRATORY ILLNESS BEFORE ENTERING THE HEALTHCARE SETTING
  - FACILITIES SHOULD EVALUATE RISK TO THE HEALTH OF THE VISITOR AND ABILITY TO COMPLY WITH PRECAUTIONS.

# MANAGE VISITOR ACCESS AND MOVEMENT WITHIN THE FACILITY

- FACILITIES SHOULD PROVIDE INSTRUCTION, BEFORE VISITORS ENTER RESIDENT ROOMS, ON HAND HYGIENE, LIMITING SURFACES TOUCHED AND USE OF PPE ACCORDING TO CURRENT FACILITY POLICY WHILE IN RESIDENT ROOM
- FACILITY SHOULD MAINTAIN A RECORD OF ALL VISITORS WHO ENTER THE RESIDENT ROOM (S)
- VISITORS SHOULD NOT BE PRESENT DURING AEROSOL – GENERATING PROCEDURES
- VISITORS SHOULD BE INSTRUCTED TO LIMIT THEIR MOVEMENT WITHIN THE FACILITY
- EXPOSED VISITORS SHOULD BE ADVISED TO REPORT ANY SIGNS AND SYMPTOMS OF ACUTE ILLNESS TO THEIR HEALTH CARE PROVIDER FOR A PERIOD OF AT LEAST 14 DAYS AFTER THE LAST KNOWN EXPOSURE TO THE SICK RESIDENT.
- ALL VISITORS MUST FOLLOW HYGIENE AND COUGH ETIQUETTE PRECAUTIONS WHILE IN THE COMMON AREAS OF THE FACILITY.



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## EDUCATION FOR HEALTHCARE PERSONNEL

- STAFF SHOULD BE TRAINED ON JOB OR TASK SPECIFIC EDUCATION.
- THE STAFF MUST BE MEDICALLY CLEARED, AND TRAINED TO USE THE RESPIRATORY PROTECTION DEVICE WHEN EVER RESPIRATORS ARE REQUIRED. OSHA HAS A NUMBER OF RESPIRATORY TRAINING VIDEOS.
- [HTTPS://WWW.YOUTUBE.COM/WATCH?V=6QKXV4KMP7C](https://www.youtube.com/watch?v=6QKXV4KMP7C)
- THIS VIDEO IS A GREAT TRAINING VIDEO FOR OUR STAFF.

## ENVIRONMENTAL INFECTION CONTROL



Dedicated medical equipment should be used for resident care



All non-dedicated, non – disposable medical equipment used for resident care should be cleaned and disinfected according to the manufacturer's instructions and/or facility policies



Ensure environmental cleaning and disinfection procedures are followed consistently and correctly.



Management of laundry, food service utensils and medical waste should also be performed in accordance with routine procedures.

## REPORTING WITHIN HEALTHCARE FACILITIES AND TO PUBLIC HEALTH AUTHORITIES

Follow a process to alert key facility staff including the infection control preventionist, facility leadership, and frontline staff about known or suspected COVID – 19 residents.

Have infection control preventionist add covid – 19 to their reportable list and it should fall under “report immediately” for suspected and known cases in the facility.

# ADDITIONAL INFECTION CONTROL RESOURCES

World Health organization (who) coronavirus disease 2019  
(covid – 19 technical guidance:

<https://www.who.int/health-topics/coronavirus>



CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>



## Corona Virus

Also known as COVID – 19

### Brief Overview

- This is a virus that affects the respiratory system. It seems to be transmitted person to person and is passed along by coughing and sneezing. Transmission is Airborne. Coronavirus infection resembles SARS and MERS. The outbreak started in china and is now in 37 locations internationally, including the USA. More cases of this virus are being identified daily and is likely to occur in the United States. Currently there is no vaccine or medication to lessen the symptoms or duration of the infection.
- CDC recommends for everyone to get the flu shot to mitigate the spread of Germs, especially those associated with CROVID – 19.

### Facts

- Diseases can make anyone sick regardless of their race or ethnicity including COVID – 19
- The risk for getting COVID – 19 in the U.S. is currently low
- Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people
- You can help stop COVID – 19 by knowing the signs and symptoms
- There are simple things you can do to help keep yourself and others healthy:
  - Wash your hands for at least 20 seconds
  - Avoid touching your eyes, nose, and mouth with unwashed hands
  - Stay home when you are sick
  - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

### Symptoms

- Symptoms may appear in as few as 2 days or as long as 14 days after exposure.
- Symptoms can be in a range from mild to severe respiratory illness.
- Fever > 100.4
- Cough
- Shortness of Breath

### Prevention

- Hand Hygiene is the number one way to prevent the spread of infection and this infection is no different
- If you think you are sick from COVID – 19
  - Call you PCP and make an appointment
  - Do not go to work
  - Restrict activities outside your home
  - Do not go to work, school or public areas
  - Separate yourself from other people

- Use a separate bathroom if possible
- Cover your cough and sneezes
- Avoid sharing personal household items like dishes, drinking glasses, towel or bedding
- Clean and disinfect high touch surfaces often

#### Infection Control in the Workplace

- Follow standard infection control standards, including following isolation precautions
- Standard Precautions – assume every person is potentially infected with a pathogen that could be transmitted in the healthcare setting
- Attend a training on correct use and proper donning and disposal of any Personal Protective Equipment

#### Isolation for COVID – 19

- The patient should be placed in an AIIR room, a room that air does not circulate through the facility.
- All healthcare personnel should adhere to
  - Standard Precaution
  - Contact Precautions and
  - Airborne Precautions
  - Putting ill residents together with COVID – 19
  - Wear appropriate PPE
- Eye protection is important as well as gloves, gowns, and N95 masks
- Regular masks do not prevent the spread of COVID - 19
- Only designated staff should care for residents with this virus
- Discourage visitors in resident room who are sick with COVID – 19
- Record all visitors who enter the facility and especially ones who are on isolation precautions for COVID - 19

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*COVID – 19 Post Test*

---

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. What is the most effective way to prevent the spread of infection?
  - a. Wearing a mask
  - b. Hand Hygiene
  - c. Staying away from people
  - d. All the above
2. COVID – 19 is presumed to be spread person to person.
  - a. True
  - b. False
3. If a resident is positive for COVID – 19 the facility should place them in which kind of Precaution?
  - a. Contact
  - b. Standard
  - c. Airborne
  - d. Airborne, Contact and Standard Precautions
4. A regular mask will prevent the spread of the COVID -19 Virus
  - a. True
  - b. False
5. If you are running a fever greater than 100. 4 degrees F. and have a cough you should:
  - a. Stay home from work and call the doctor for an appointment
  - b. Go to work, it is probably just a cold
  - c. Go to work but tell your supervisor
  - d. Stay home from work and drink plenty of fluids.
6. Even though the resident is on Isolation or Precautions, all staff should visit the resident as usual.
  - a. True
  - b. False
7. You should take your Flu shot with the COVID – 19 the outbreak
  - a. True – this will decrease the chance of contracting the flu and could help a person from spreading germs.
  - b. False – it has nothing to do with spreading germs
8. If you know you have been exposed to the COVID – 19, you should report it to the health department.
  - a. True
  - b. False
9. Proper PPE will assist in prevention of the spread of the COVID – 19.
  - a. True
  - b. False
10. Practice of Standard Precautions can help with decreasing the chance of contracting the COVID – 19.
  - a. True
  - b. False

Score: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

## Health Care Worker Sanitization Guidance

### Purpose

To ensure that Healthcare Workers are aware of and perform appropriate personal sanitization processes at appropriate intervals to mitigate the spread and exposure to acute respiratory illnesses, including COVID – 19.

## Hand Hygiene

### Handwashing

1. Wet hands with clean, running water.
2. Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and under the nails.
3. Scrub hands for at least 20 seconds.
4. Rinse hands well under clean, running water
5. Dry hands using paper towel (s)
6. Use clean paper towel to turn off faucet

### Hand Sanitizer

1. Apply sanitizer to the palm of one hand
2. Rub hands together
3. Rub the sanitizer over all surfaces of hands and fingers until hands are dry. (approximately 20 seconds)

## Workspace Sanitization

Disinfect workspace areas with approved disinfecting wipes or other approved cleaning items. These items may include but are not limited to:

- Medical equipment including but not limited to:
  - Stethoscopes, blood pressure cuffs, mobile vital sign monitors, penlights, etc
- Desks
- Chairs
- Keyboards
- Phones
- Pens, staplers, and other office supplies

***\*\* If surfaces are visibly dirty, clean them using detergent or soap and water prior to disinfection\*\****

***\*\*Disinfecting includes “dry time” using best practice (approximately 4 minutes) \*\****

## Best Practices

Health care Workers should wash their hands frequently with soap and water for 20 seconds including but not limited to:

- Before and after resident contact
- Before and after a meal or snack
- After blowing nose, coughing or sneezing onto hands.
- After using the restroom
- When hands are visibly soiled or sticky
- As the need arises

Healthcare Workers should use hand sanitizer in-between hand washing including but not limited to:

- After using shared supplies or containers (pens, stapler, printer, tape, etc.)
- Before and after a meal or snack if a sink is not readily available
- After coughing or sneezing onto hands if a sink is not readily available

Contain coughs and sneezes

- Cover mouth and/or nose when coughing and/or sneezing with a tissue, sleeve or shirt
- Do not sneeze and/or cough into hands, do not cough and/or sneeze toward a person

Avoid:

- sharing pens, phone and other office supplies, as possible
- sharing food or have communal snacks
- comingling with coworker's coffee cups, water bottles and other items (identify your items with your name)

Encourage Healthcare Workers to sanitize the interior of their personal vehicles, on a daily basis.

The following guidance is best practice for handwashing and use of hand sanitizer:

Action	Hand Sanitizer	Hand Washing	Cleaning and Disinfection
Every 2 Hours or As Needed	Use hand sanitizer to perform Hand Hygiene	Check to see if hands are visibly soiled and if so, wash hands with soap and water	Disinfect workspace and high traffic areas and items. Perform hand hygiene after cleaning and disinfection
Coughing and/or Sneezing	Use hand sanitizer if you do not have access to soap and water. Wash as soon as possible	Wash hands with soap and water	Disinfect around 6 feet of the area where you coughed or sneezed. Perform hand hygiene after cleaning and disinfection.
Before and after eating and using the bathroom	Handwashing for this action	Wash hands with soap and water	Clean and disinfect the areas that you were eating in before and after meals. Perform hand hygiene after cleaning and disinfection
Before touching eyes, nose and mouth	Use hand sanitizer if no access to soap and water	Wash hands with soap and water	N/A

<b>MANUAL</b> Nursing Policy and Procedure	<b>POLICY AND PROCEDURE</b>	
<b>SECTION</b> A	<b>SUBJECT</b> Emergent Infectious Disease Policy	<b>APPLIES TO</b> All Staff
<b>EFFECTIVE DATE</b> December 31, 2015	<b>REVISED DATE</b> March 10, 2020	

## POLICY

It is the policy of this home to take proactive steps to protect the workplace in the event of an infectious disease outbreak. It is the goal of the home during any such time period to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

This home is committed to providing authoritative information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak.

## DEFINITIONS

**Emerging Infectious Disease:** Infectious diseases whose incidence in humans has increased in the past two decades or threatens to increase in the near future have been defined as "emerging." These diseases, which respect no national boundaries, include:

- I. New infections resulting from changes or evolution of existing organisms.
- II. Known infections spreading to new geographic areas or populations.
- III. Previously unrecognized infections appearing in areas undergoing ecologic transformation.
- IV. Old infections reemerging as a result of antimicrobial resistance in known agents or breakdowns in public health measures.

**Pandemic:** A sudden infectious disease outbreak that becomes very widespread and affects a whole region, a continent, or the world due to a susceptible population. By definition, a true pandemic causes a high degree of mortality.

**Isolation:** Separation of an individual or group who is reasonably suspected to be infected with a communicable disease from those who are not infected to prevent the spread of the disease.

**Quarantine:** Separation of an individual or group reasonably suspected to have been exposed to a communicable disease but who is not yet ill (displaying signs and symptoms) from those who have not been so exposed to prevent the spread of the disease.

## PREVENTING THE SPREAD OF INFECTION IN THE WORKPLACE

This home will ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, breakrooms, conference rooms, door handles and railings. A committee will be designated to monitor and coordinate events around an infectious disease outbreak, as well as to create work rules that could be implemented to promote safety through infection control. We ask all employees to cooperate in taking steps to reduce the transmission of infectious disease in the workplace. The best strategy remains the most obvious—frequent hand washing with warm, soapy water; covering your mouth whenever you sneeze or cough; and discarding used tissues in wastebaskets. We will also install alcohol-based hand sanitizers throughout the workplace and in common areas.

Unless otherwise notified, our normal attendance and leave policies will remain in place. Individuals who believe they may face particular challenges reporting to work during an infectious disease outbreak should take steps to develop any necessary contingency plans. For example, employees

might want to arrange for alternative sources of childcare should schools close and/or speak with supervisors about the potential to work from home temporarily or on an alternative work schedule.

#### *Limiting Travel*

All nonessential travel should be avoided until further notice. Employees who travel as an essential part of their job should consult with management on appropriate actions. Business-related travel outside the United States will not be authorized until further notice.

Employees should avoid crowded public transportation when possible. Alternative scheduling options, ride-share resources and/or parking assistance will be provided on a case-by-case basis. Contact human resources for more information.

#### *Telecommuting*

Telework requests will be handled on a case-by-case basis. While not all positions will be eligible, all requests for temporary telecommuting should be submitted to your manager for consideration.

#### *Staying Home When Sick*

Many times, with the best of intentions, employees report to work even though they feel ill. We provide paid sick time and other benefits to compensate employees who are unable to work due to illness. During an infectious disease outbreak, it is critical that employees do not report to work while they are ill and/or experiencing the following symptoms: Examples include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Currently, the Centers for Disease Control and Prevention recommends that people with an infectious illness such as the flu remain at home until at least 24 hours after they are free of fever (100 degrees F or 37.8 degrees C) or signs of a fever without the use of fever-reducing medications. Employees who report to work ill will be sent home in accordance with these health guidelines.

#### *Requests for Medical Information and/or Documentation*

If you are out sick or show symptoms of being ill, it may become necessary to request information from you and/or your health care provider. In general, we would request medical information to confirm your need to be absent, to show whether and how an absence relates to the infection, and to know that it is appropriate for you to return to work. As always, we expect and appreciate your cooperation if medical information is sought.

#### *Confidentiality of Medical Information*

Our policy is to treat any medical information as a confidential medical record. In furtherance of this policy, any disclosure of medical information is in limited circumstances with supervisors, managers, first aid and safety personnel, and government officials as required by law.

### **EMPLOYER CONSIDERATIONS**

- A. Management will consider its requirements under OSHA, (Center for Medicare and Medicaid (CMS), state licensure, Equal Employment Opportunity Commission (EEOC), American Disabilities Act (ADA) and other state or federal laws in determining the precautions it will take to protect its residents. Protecting the residents and other employees shall be of paramount concern. Management shall consider:
  - a. The degree of frailty of the residents in the home.
  - b. The likelihood of the infectious disease being transmitted to the residents and employees.
  - c. The method of spread of the disease (for example, through contact with bodily fluids, contaminated air, contaminated surfaces).
  - d. The precautions which can be taken to prevent the spread of the infectious disease and
  - e. Other relevant factors



- B. Once these factors are considered, management will weigh its options and determine the extent to which exposed employees, or those who are showing signs of the infectious disease, must be precluded from contact with residents or other employees.
- C. Apply whatever action is taken uniformly to all staff in like circumstances.
- D. Do not consider race, gender, marital status, country of origin, and other protected characteristics unless they are documented as relevant to the spread of the disease.
- E. Make reasonable accommodations for employees such as permitting employees to work from home if their job description permits this.
- F. Generally, accepted scientific procedures, whenever available, will be used to determine the level of risk posed by an employee.
- G. Permit employees to use sick leave, vacation time, and FMLA where appropriate while they are out of work.
- H. Permit employees to return to work when cleared by a licensed physician, however, additional precautions may be taken to protect the residents.
- I. Employees who refuse at any time to take the precautions set out in this and other sections of this policy may be subject to discipline.

#### **GENERAL PROCEDURE**

- A. The home's operation program will include a response plan for a community-wide infectious disease outbreak. This plan will:
  - i. Build on the workplace practices described in the infection prevention and control policies
  - ii. Include administrative controls (screening, isolation, visitor policies and employee absentee plans)
  - iii. Address environmental controls (isolation rooms, plastic barriers sanitation stations, and special areas for contaminated wastes)
  - iv. Address human resource issues such as employee leave
  - v. Be compatible with the home's business continuity plan
- B. Clinical leadership will be vigilant and stay informed about EIDs around the world. They will keep administrative leadership briefed as needed on potential risks of new infections in their geographic location through the changes to existing organisms and/or immigration, tourism, or other circumstances.
- C. As part of the emergency operations plan, the home will maintain a supply of personal protective equipment (PPE) including moisture-barrier gowns, face shields, foot and head coverings, surgical masks, assorted sizes of disposable respirators, and gloves. The amount that is stockpiled will minimally be enough for several days of center-wide care but will be determined based on storage space and costs.
- D. The home will develop plans with their vendors for re-supply of food, medications, sanitizing agents and PPE in the event of a disruption to normal business including an EID outbreak.
- E. The home will regularly train employees and practice the EID response plan through drills and exercises as part of the center's emergency preparedness training.

#### **GENERAL PROCEDURE- LOCAL THREAT**

- A. Once notified by the public health authorities at either the federal, state and/or local level that the EID is likely to or already has spread to the home's community, the home will activate specific surveillance and screening as instructed by Centers for Disease Control and Prevention (CDC), state agency and/or the local public health authorities.
- B. The home's Infection Preventionist (IP) will research the specific signs, symptoms, incubation period, and route of infection, the risks of exposure, and the recommendations for skilled nursing homes as provided by the CDC, Occupational Health and Safety Administration (OSHA), and other relevant local, state and federal public health agencies.

- C. Working with advice from the home's medical director or clinical consultant, safety officer, human resource director, local and state public health authorities, and others as appropriate, the IP will review and revise internal policies and procedures, stock up on medications, environmental cleaning agents, and personal protective equipment as indicated by the specific disease threat.
- D. Staff will be educated on the exposure risks, symptoms, and prevention of the EID. Place special emphasis on reviewing the basic infection prevention and control, use of PPE, isolation, and other infection prevention strategies such as hand washing.
- E. If EID is spreading through an airborne route, then the home will expedite care to an acute center at the direction and collaboration of public health authorities at either the federal, state and/or local level.
- F. Provide residents and families with education about the disease and the home's response strategy at a level appropriate to their interests and need for information.
- G. Post signs regarding hand sanitation and respiratory etiquette and/or other prevention strategies relevant to the route of infection at the entry of the care center along with the instruction that anyone who is sick must not enter the building.
- H. To ensure that staff, and/or new residents are not at risk of spreading the EID into the care center, screening for exposure risk and signs and symptoms may be done PRIOR to admission of a new resident and/or allowing new staff persons to report to work.
- I. Self-screening – Staff will be educated on the home's plan to control exposure to the residents. This plan will be developed with the guidance of public health authorities and may include:
  - a. Reporting any suspected exposure to the EID while off duty to their supervisor and public health.
  - b. Precautionary removal of employees who report an actual or suspected exposure to the EID.
  - c. Self-screening for symptoms prior to reporting to work.
  - d. Prohibiting staff from reporting to work if they are sick until cleared to do so by appropriate medical authorities and in compliance with appropriate labor laws.
- J. Environmental cleaning - the home will follow current CDC guidelines for environmental cleaning specific to the EID in addition to routine cleaning for the duration of the threat.

#### **GENERAL PROCEDURE- SUSPECTED CASE**

- A. Place a resident or on-duty staff who exhibits symptoms of the EID in an isolation room and notify local public health authorities.
- B. Under the guidance of public health authorities, arrange a transfer of the suspected infectious person to the appropriate acute care center via emergency medical services as soon as possible.
- C. If the suspected infectious person requires care while awaiting transfer, follow care center policies for isolation procedures, including all recommended PPE for staff at risk of exposure.
- D. Keep the number of staff assigned to enter the room of the isolated person to a minimum. Ideally, only specially trained staff and prepared (i.e. vaccinated, medically cleared and fit tested for respiratory protection) will enter the isolation room. Provide all assigned staff additional "just in time" training and supervision in the mode of transmission of this EID, and the use of the appropriate PPE.
- E. If feasible, ask the isolated person to wear a facemask while staff is in the room. Provide care at the level necessary to address essential needs of the isolated individual unless it is advised otherwise by public health authorities.
- F. Conduct control activities such as management of infectious wastes, terminal cleaning of the isolation room, contact tracing of exposure individuals, and monitoring for additional cases under the guidance of local health authorities, and in keeping with guidance from the CDC.

- G. Implement the isolation protocol in the care center (isolation rooms, cohorting, cancelation of group activities and social dining) as described in the care center's infection prevention and control plan and/or recommended by local, state, or federal public health authorities.
- H. Activate quarantine interventions for residents and staff with suspected exposure as directed by local and state public health authorities, and in keeping with guidance from the CDC.

#### **AUTHORITY, INTERPRETATION AND AMENDMENT**

This document contains the home's general policy for Emergent Infectious Diseases. It is customizable depending on the home's specific demographics location, and current disease threats.

Every disease is different. The local, state, and federal health authorities will be the source of the latest information and most up to date guidance on prevention, case definition, surveillance, treatment, and skilled nursing center response related to a specific disease threat.

<b>MANUAL</b> Nutrition Services	<b>POLICY AND PROCEDURE</b>	
<b>SECTION – Food Production &amp; Meal Service</b> POLICY NUMBER- 2.14.2	<b>SUBJECT</b> Staff Meals during Emergent Infections Disease Prevention and Control	<b>APPLIES TO</b> Nutrition/Administration
<b>EFFECTIVE DATE</b> July 2017	<b>REVISED DATE</b> March 2020	

## OVERVIEW

It is the policy of this home that staff members are not to be served meals from Nutrition Services, except in special circumstances deemed appropriate by the Administrator and/or Regional Director of Operations (RDO) as established in ***Nutritional Services Manual, Section Food Production & Meal Service Policy Number 2.14- Staff Meals.***

This policy defines the special circumstances in which Staff Meals will be approved on a temporary basis. This home is committed to providing authoritative information about the nature of the special circumstances, as well as required steps to be taken.

## POLICY

It is the policy of this home that staff members will be served meals from Nutrition Services, to prevent and control the spread of an emergent infectious disease. This special circumstance has been deemed appropriate by the Administrator/RDO and is guided by the ***Nursing Manual, Section A- Emergent Infectious Disease Policy.*** Duration of this benefit may be reduced, adjusted or stopped at any time and for any reason by Regional Director of Operations.

## PROCEDURE

1. Employees will receive free staff meals as determined and setup by management.
2. Employees must be on duty in excess of four continuous hours to qualify for the staff meal.
3. Employees will order from the available menu on or before the designated meal service.
4. Staff Meals shall be limited to one meal per shift.
  - a. Staff Meals should be consumed during the employee's unpaid break unless the meal service is unavailable at the time of the scheduled break.
  - b. If an employee is scheduled for and/or has picked up a double shift, the employee is entitled to a second meal.
5. No food is to be consumed during resident meal service, in food preparation areas, resident areas or hallways accessible to residents and/or visitors.
6. Staff Meals that are not eaten are lost; these meals may not be transferred to other staff; meals do not accumulate from day to day.

7. Unauthorized consumption or removal of any food product from Nutrition Services operation, will result in disciplinary action up to and including termination of employment.
8. Nutrition Services cannot be held responsible for not having enough food available for staff meals if not ordered within allocated times. Over-production of meals will not be tolerated, and no other foods will be offered than those on planned or available from menu.

Not following above procedures will result in loss of meal privileges and may result in disciplinary action.

#### **AUTHORITY, INTERPRETATION AND AMENDMENT**

This document contains the home's general policy for Staff Meals during Emergent Infections Disease Prevention and Control efforts. The Regional Director of Operations will be the source of the latest information and most up to date guidance on duration of this service and the company's response related to a special circumstance.

## Laundry – Sorting, Washing & Drying COVID Isolation

### *Operational Manual – Nursing / Laundry*

<b>Purpose</b>	
To ensure that isolation laundry is washed and dried properly.	
<b>Policy</b>	
In order to maintain a proactive mitigation plan for COVID – 19, the facility laundry services will follow the steps in the procedure to assist in mitigation of spread of COVID.	
<b>Procedure</b>	
<b>Cleaning Process:</b> <ol style="list-style-type: none"> <li>a. For residents who are on quarantine, staff will Don full PPE including: N95 masks, Gown (washable if available, gloves and goggles.</li> <li>b. Laundry on the COVID halls and staff washable gowns will be collected in dissolvable bags.</li> <li>c. The staff will deliver the bags to laundry as needed.</li> <li>d. Staff will practice infection control standards while caring for residents and delivering dirty laundry to the department.</li> <li>e. The Laundry staff who are responsible for sorting and washing the laundry will wear water resistant covering to protect them from any contaminants.</li> <li>f. This laundry will be washed separately from on isolated or quarantined resident laundry.</li> <li>g. Laundry will be washed in the usual way.</li> <li>h. Laundry will be dried on the hottest setting that is acceptable for the particular clothing</li> <li>i. Washable gowns will be air dried as directed by the manufacturer.</li> </ol>	
<b>References</b>	
<b>Sources:</b> 42 C.F.R. § 483.80	
<b>Forms:</b> None	
<b>Employee(s):</b> Nursing and Laundry Department	
<b>Version No. 1.0 Initiated 7.16.2020</b>	<b>Date Revised: 7.16.2020</b>

## Laundry – Sorting, Washing & Drying Washable Isolation Gowns

### *Operational Manual – Nursing / Laundry*

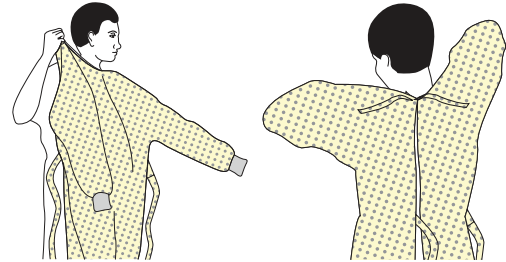
<b>Purpose</b>	
To ensure that washable isolation gowns are sorted, washed and dried properly.	
<b>Policy</b>	
In order to maintain a proactive mitigation plan for COVID – 19, the facility will quarantine all new admission for no less than 14 days. The use of Washable Gowns will be used to protect staff and residents during the quarantine period.	
<b>Procedure</b>	
<b>Cleaning Process:</b> <ol style="list-style-type: none"> <li>a. For residents who are on quarantine, staff will Don full PPE including: N95 masks, Gown (washable if available, gloves and goggles.</li> <li>b. The washable gown will be selected by a staff member who is designated to give care to the residents who are in quarantine.</li> <li>c. The staff will wear the gown for residents who are in quarantine during their shift. The staff will change gloves when caring for the residents.</li> <li>d. Staff will practice infection control standards while caring for residents.</li> <li>e. Staff will place the used gowns in a designated receptacle at the end of their shift for laundering.</li> <li>f. Gowns may be washed in the usual manner as all other clothes.</li> <li>g. Air dry is preferred, but if the need for drying in the dryer is considered, the heat must be set on a low setting and the dryer may not be overloaded.</li> <li>h. Staff will deliver the used gowns to the laundry and the gowns will be laundered alone and will be replaced in a designated area near the quarantined area for use.</li> <li>i. Staff will not wear the gowns off the quarantine unit/rooms at any time.</li> </ol>	
<b>References</b>	
<b>Sources:</b>	
42 C.F.R. § 483.80	
<b>Forms:</b>	
None	
<b>Employee(s):</b>	
Nursing and Laundry Department	
<b>Version No.</b> 1.0 Initiated 5.18.2020	<b>Date Revised:</b> 6.9.2020

## SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



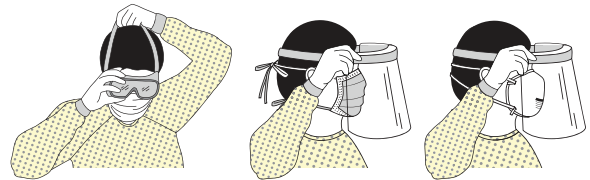
### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



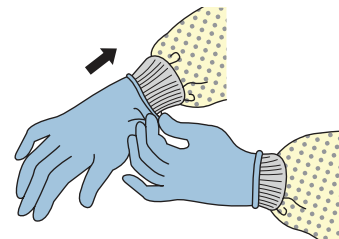
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



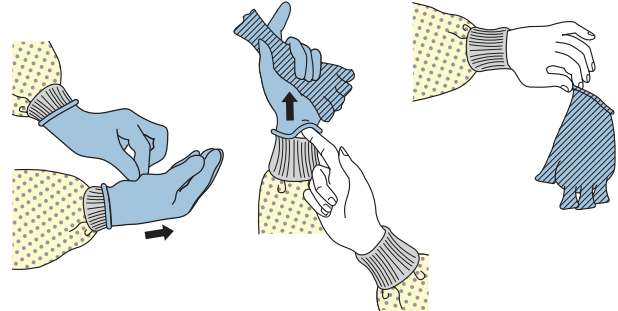


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



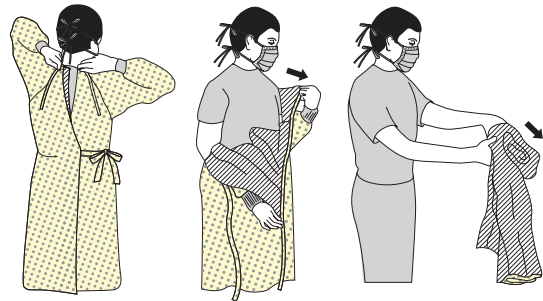
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



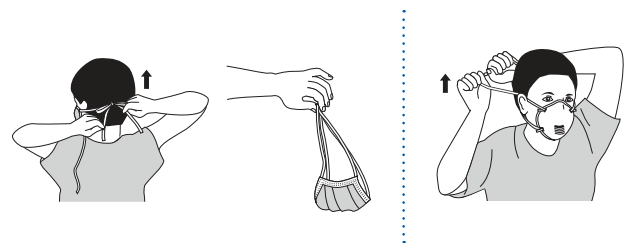
## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

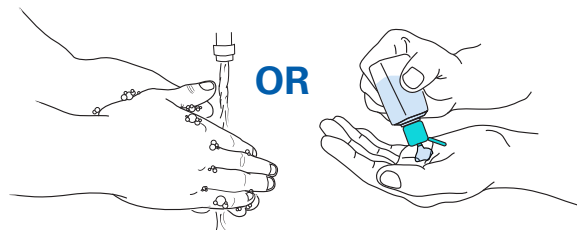


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**

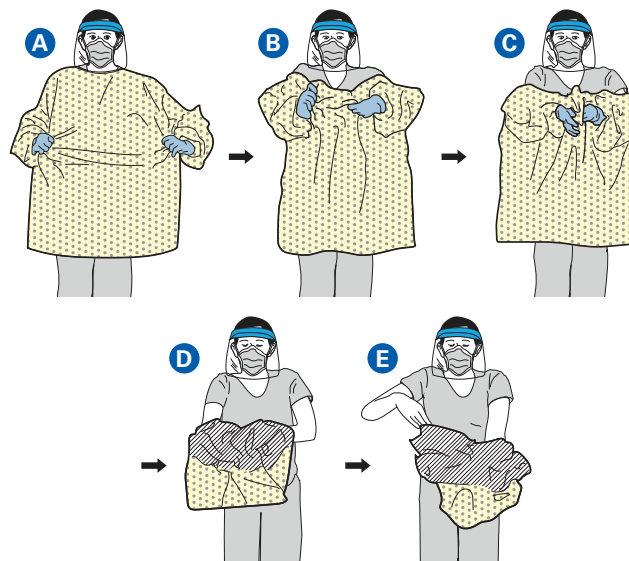


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



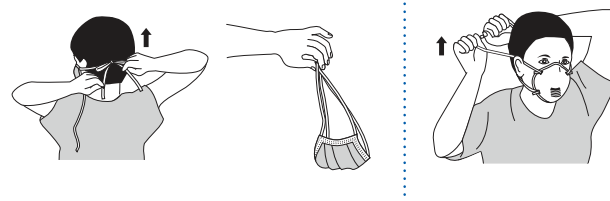
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

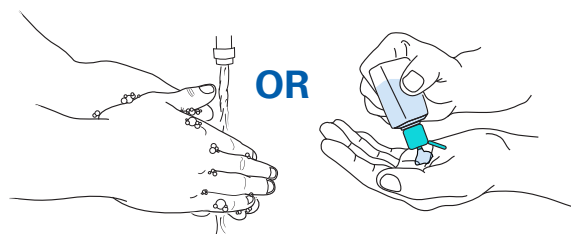


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
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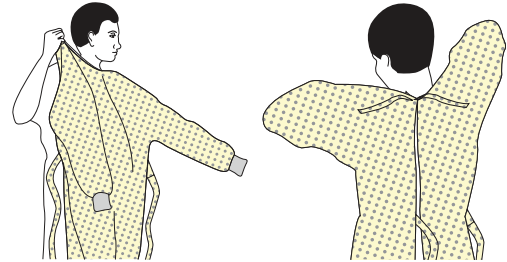
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## SEQUENCE FOR **PUTTING ON** PERSONAL PROTECTIVE EQUIPMENT (PPE)

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- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



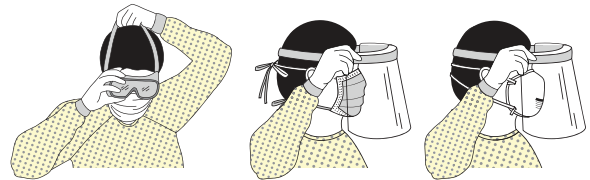
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- Secure ties or elastic bands at middle of head and neck
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- Fit snug to face and below chin
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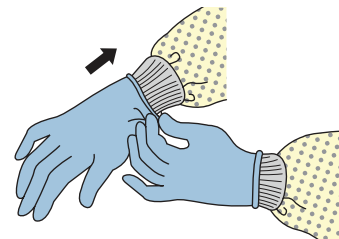
### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

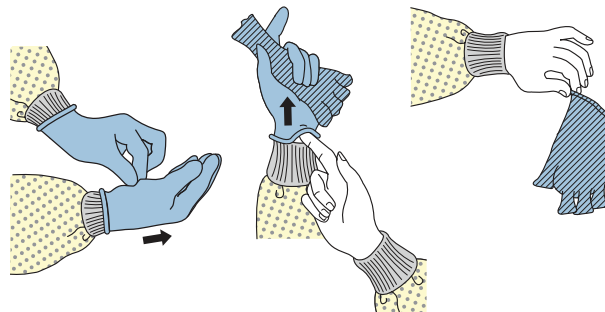


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## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



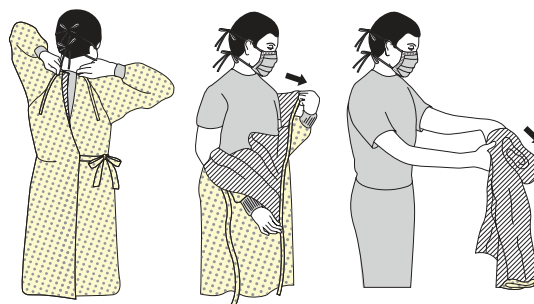
## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
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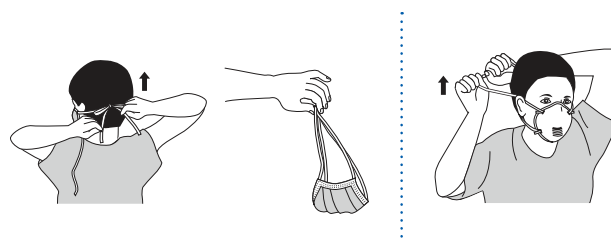
## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

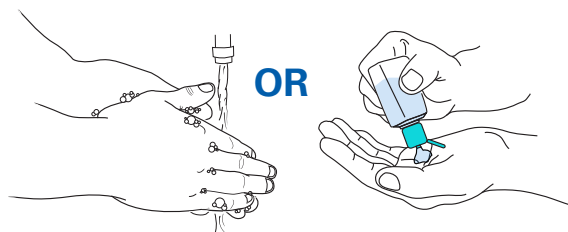


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
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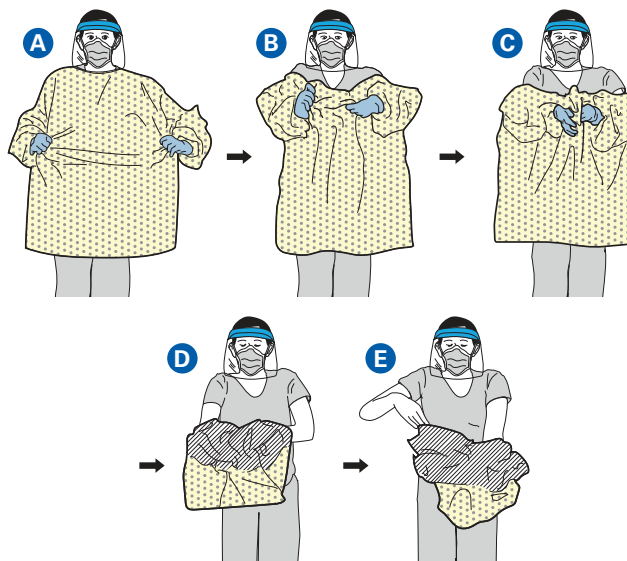


## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



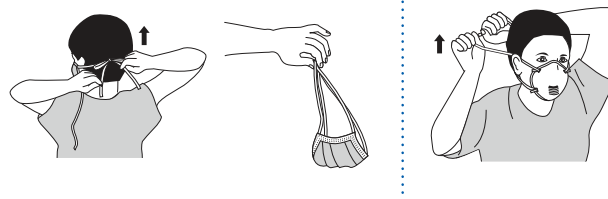
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

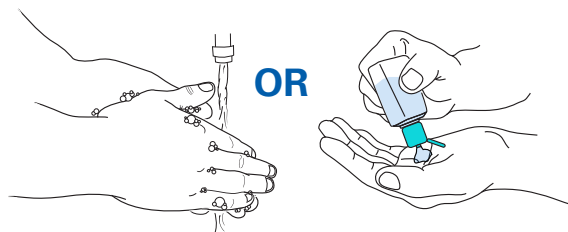


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
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**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
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## Donning and Doffing PPE Competency Validation Checklist

Name:	Dept:	Title:
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<b>Legend:</b> A. Review Policy B. Direct Observation C. Video Review/Testing D. Skills Lab/Proficiency Testing E. Other (Specify)		<b>Levels of Performance (L of P)</b> ➤ 0 Not Applicable ➤ 1 Needs More Education ➤ 2 Performs Satisfactorily
---	--	--

Evaluator			Proficiency Steps	Employee	
Date -- --	Initial	L of P		Date	Initial

			<b>Performs donning in a clean area</b>		
			<b>Perform Hand Hygiene</b>		
			Dons Gown. Note: ALL TIES should be properly secured with a SIMPLE BOW. (Ensure all fit well and cover the intended areas. The head covers should be pulled over the ears during patient care for additional protection.)		
			Dons Surgical Cap/hair cover		
			Apply N95 respirator. (Seal mask to the face ensuring straps are not crossed and properly located at the crown of the head and base of the neck.)		
			Perform a fit check of the respirator		
			Applies Face Shield		
			Apply Standard Gloves		
			<b>Doffing:</b>		
			Has doffing partner (who is wearing PPE and has not touched the patient) untie the gown		
			Uses gentle, slow technique to remove the gown		
			Maintains clean gown sleeves over gloved hands as much as possible and gather the gown, keeping dirty surfaces to		

			the inside, rolling it up gently.		
			Appropriately discards in the trash.		
			Performs hand hygiene.		
			Applies new pair of gloves		
			Removes N95 and appropriately places in trash		
			Performs Hand Hygiene		
			Applies new pair of gloves		
			Appropriately wipes shoes with bleach wipe and disposes of in trash		
			Changes Scrubs and showers if needed		

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Educator/Trainer: \_\_\_\_\_

#### Cohorting Residents:

Residents need to be cohorted with those who have the same COVID-19 status.

- Facility should prepare to have three categories of residents:
  - Residents without COVID-19 (Confirmed negative, recovered and meet CDC criteria to discontinue transmission-based precautions, not showing symptoms)
  - Residents with confirmed cases of COVID-19
  - Residents with unknown status, and possible cases of COVID-19 awaiting test results  
Unknown status includes new admissions, readmissions, residents who have spent at least one night away from the facility

#### Clarifications:

- Residents who are in the 14 day quarantine and monitoring period do not have to start over if a roommate is brought in at a later date, unless that roommate tests positive.
- Residents who leave the facility for appointments and return the same day are not considered unknown, and their status remains the same as it was when they left. They may return to their original room, under the same status.
- All residents who have unknown status must be isolated and monitored for the full 14 day period. Testing is not an option to decrease the period.
- Unknown status should wear all CDC recommended PPE including N95, eye protection, gloves, and gowns.
- Residents with unknown status may still receive therapy in the gym, however they may not come in contact with anyone whose status is known to be positive or negative. They should wear a face covering while out of the bedroom, and disinfect the area used before and after each use.
- Symptomatic residents should be isolated while awaiting results of their test to the extent possible, not moving them to a “hot” positive hall, but private room if available.
- Dialysis patients can be cohorted together, first by the same center, same day if possible. A dialysis patient status remains the same despite their routine entry into the community. Residents should be provided a face covering as tolerated.
- New admissions may be admitted with roommates of like “unknown” status. This includes quarantine halls during periods of possible cases awaiting test results.



# Healthcare Professional Preparedness Checklist

## For Transport and Arrival of Patients With Confirmed or Possible COVID-19



Front-line healthcare personnel in the United States should be prepared to evaluate patients for coronavirus disease 2019 (COVID-19). The following checklist highlights key steps for healthcare personnel in preparation for transport and arrival of patients with confirmed or possible COVID-19.

Stay up to date on the latest information about signs and symptoms, diagnostic testing, and case definitions for [coronavirus disease](#) 2019.

### Review your infection prevention and control policies and CDC [infection control recommendations for COVID-19](#) for:

- Assessment and triage of patients with acute respiratory symptoms
- Patient placement
- Implementation of Standard, Contact, and Airborne Precautions, including the use of eye protection
- Visitor management and exclusion
- Source control measures for patients (e.g., put facemask on suspect patients)
- Requirements for performing aerosol generating procedures
- Be alert for patients who meet the [persons under investigation \(PUI\)](#) definition
- Know how to report a potential COVID-19 case or exposure to facility infection control leads and public health officials.
- Know who, when, and how to seek evaluation by occupational health following an unprotected exposure (i.e., not wearing recommended PPE) to a suspected or confirmed [coronavirus disease](#) 2019 patient.
- Remain at home, and notify occupational health services, if you are ill.
- Know how to contact and receive information from your state or local public health agency.

# PROTOCOLS WHEN ENTERING YOUR HOME

## FIGHTING COVID-19

1



When you come home try not to touch anything.

2



Remove your shoes.

3



Disinfect your pet's paws if you took them for walk.

4



Use bleach and a hot washing machine cycle (over 60 degrees).  
Remove your clothes and place them in a bag to be washed.

5



Leave your bag, purse, wallet, keys, etc. in box at the entry of your home.

6



Hands, wrists, arms, neck, nails, etc.  
Have a shower. If you can't, wash all exposed areas

7



Wash your mobile phone and glasses with hot soapy water or alcohol (disinfectant)

8



Prepare 20 ml of bleach per 1 litre of water solution  
Clean with bleach all the surfaces of whatever you brought from outside before storing it.  
Don't forget to use gloves

9



Carefully remove and dispose of your gloves then wash your hands

10

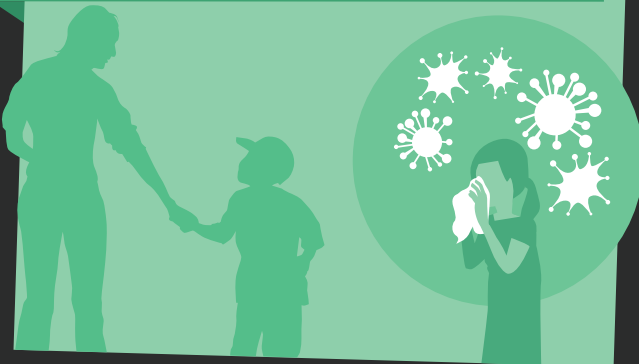


Remember it is not possible to carry out complete disinfection, the goal is to minimise the risk.

# STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

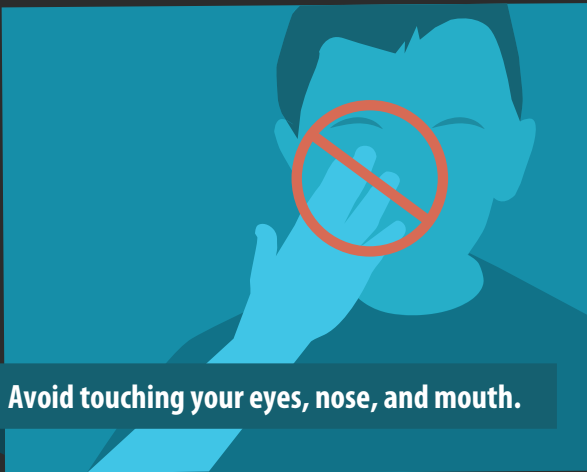
Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



[cdc.gov/COVID19](https://cdc.gov/COVID19)

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## Feeling Sick?

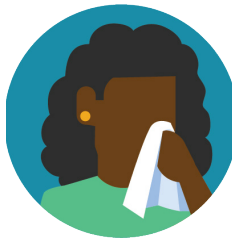
Stay home when you are sick!

If you feel unwell or have the following symptoms  
**please leave the building and contact your health care provider.**  
Then follow-up with your supervisor.

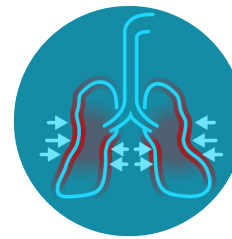
**DO NOT ENTER if you have:**



**FEVER**



**COUGH**



**SHORTNESS  
OF BREATH**



**[cdc.gov/CORONAVIRUS](https://cdc.gov/CORONAVIRUS)** <sup>155</sup>





## Memo

**To:** ALL NURSING HOME STAFF

**From:** HUMAN RESOURCES DEPT.

**CC:** OPERATIONS AND CLINICAL TEAMS

### COVID-19 ESSENTIAL EMPLOYEE/EMPLOYER GUIDANCE

*"If you work in a critical infrastructure industry, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule."*

- President Donald J. Trump

In response to the public health emergency for the COVID-19 virus, this memorandum directs all essential personnel to report to work as an employee of an "Essential Business." All employees of this nursing home work for an essential business as defined by the Public Health Agency. A Nursing Home is an essential business under the following classification: Healthcare Operations; and as a Residential facility for seniors, and adults.

**Essential employees** are defined as anyone whose job function is essential to the effective operation of their agency or authority, or who must be physically present to perform their job, or who is involved in the COVID-19 emergency response.

In accordance with this mandate, all employees are considered an essential employee and are expected to work to protect the community and population we serve, while ensuring continuity of functions critical to the public health and safety, as well as business operations.

The Company, agencies and authorities may change an employee's designation as either essential or nonessential at any time and, as the operational needs, an employee's job functions may be modified accordingly at any time per the position job description.

***Enter Facility Name Here***

Dear Employee:

We know some of you are concerned about the spread of COVID-19 (the new coronavirus) and how it may impact our facility and residents. Ensuring our staff and residents are in a safe and healthy environment is our first priority. At this time, we don't have any cases in our community. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19. Below are some examples of how you can help protect yourselves and our residents, as well as prevent the spread throughout the community.

1. **Sick employees should stay home.** At this time, we request that you stay home if you have any symptoms of respiratory illness. Those symptoms include: cough, fever, sore throat, runny nose, and/or shortness of breath.
2. **Notify us if you develop respiratory symptoms while at work.** These include: cough, fever, sore throat, runny nose, and/or shortness of breath.
3. **Practice proper hand washing hygiene.** All employees should wash their hands for at least 20 seconds or use alcohol-based hand sanitizer that contains at least 60-95% alcohol upon entering the building and before and after interaction with residents. Soap and water should be used preferentially if hands are visibly dirty.
4. **Cover your mouth and nose with a tissue when coughing or sneezing.** Please review the [CDC's information on coughing and sneezing etiquette](#).
5. **Perform routine environmental cleaning.** Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label. No special cleaning is necessary for COVID-19.

We, as a facility are following the recommendations of the CDC on using basic contact precautions to prevent the spread, which includes wearing gowns and gloves when interacting with residents who present symptoms—as we always do. We also are staying up to date with the CDC recommendations as they may continue to change. In addition, we are in close contact with the local and state health department and are following their guidance.

We are asking all non-essential visitors to avoid coming to the building unless absolutely necessary, and actively screening individuals—including staff—who enter. We are posting signs on our entryway doors to notify visitors of this policy and request that they not enter the building.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact **the Administrator, DON or Infection Control Preventionist.**

For additional information, please visit the CDC's coronavirus disease [information page](#).

Sincerely,

**[FILL IN YOUR CENTER INFORMATION]**

Dear Employee:

March 17, 2020

Recently, the coronavirus (COVID-19) has become a health concern worldwide. We would like to communicate a few reminders as well as some protocols to maintain a safe workplace.

Symptoms. Please call or visit a health care provider if you (1) experience any of the symptoms below, or (2) have travelled from an area with widespread or ongoing community spread of the coronavirus:

- Fever
- Cough
- Shortness of breath

**Protect Your Health:** Safety precautions may change over time. For now, we recommend and follow the below guidance from the World Health Organization and U.S. Centers for Disease Control and Prevention:

1. Stay home when you are sick.
2. If you have a fever, cough and/or difficulty breathing, seek medical care early and share previous travel history with your healthcare provider.
3. Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer.
4. Cover your mouth and nose with a flexed elbow or tissue when you cough or sneeze. Throw tissues away immediately and wash hands.
5. Avoid close contact with people who are unwell or showing symptoms of illness.
6. Avoid handshakes and keep in-person meetings as efficient as possible.
7. Clean and disinfect frequently touched objects and surfaces at work, including computers and phones.

**If you or someone with whom you've come in contact experiences symptoms:**

1. Do not come to work until you are free of fever and other symptoms, e.g. frequent and severe coughing, for at least 24 hours without the use of medicines (e.g. aspirin and cough suppressants).
2. If possible, call/visit your healthcare provider and provide a release to return to work.
3. Provide notice to the Supervisor or Administrator of your absence as soon as practicable.
4. Accrued paid time off is available for personal use or to care for a family member, which can be taken for purposes of illness, preventative care, medical appointments, and school closures due to a public health emergency. Unpaid leaves of absence are also available upon request.

If any personnel at work appears to show symptoms, immediately advise **the Administrator, DON or Infection Control Preventionist** so that the Company can evaluate the situation and take appropriate measures.

We will continue to assess the situation and update you as our recommendations change. As always, we appreciate your patience and commitment to safety.

For additional information, please visit the CDC's coronavirus disease [information page](#).

Sincerely,

# Employee Screening Tool

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Do you have symptoms of cough, fever, shortness of breath, or sore throat for at least 24 hours without the use of medicines (e.g. Tylenol, Motrin, Aspirin and Cough Suppressants). ? \_\_\_\_Yes, \_\_\_\_No Temperature: \_\_\_\_\_
2. Have you traveled internationally in the past 14 days, including the following countries, China, Iran, Japan, Italy, South Korea? \_\_\_\_Yes, \_\_\_\_No
3. Have you traveled on cruise ships or participated in other settings where crowds are confined to a common location? \_\_\_\_Yes, \_\_\_\_No
4. Have you had contact with someone who has traveled internationally in the past 14 days, including the following countries, China, Iran, Japan, Italy, South Korea? \_\_\_\_Yes, \_\_\_\_No
5. Have you had contact with someone with a confirmed diagnosis of COVID – 19 or under investigation for COVID – 19? \_\_\_\_Yes, \_\_\_\_No
6. Have you had contact with someone who are ill with respiratory illness? \_\_\_\_Yes, \_\_\_\_No

Staff Member conducting the Screening: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you have answered yes to any of these questions or have a temperature, we will ask that you leave the facility without visiting your loved one. Regulations and guidance related to restricting a resident's right to visitors can be found at 42CFR§483.10(f)(4) and at F-Tag 563 of Appendix PP of the State Operations Manual.

For more information, visit the CDC website

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>



To Our Residents and Family Members:

Date: \_\_\_\_\_

We know many of you are concerned about the spread of COVID-19 (the new coronavirus) and how it may impact us here at your loved one's home. Ensuring residents are cared for in a safe and healthy environment is our priority. Currently, we don't have any cases in our community. The Centers for Disease Control and Prevention (CDC) have recommended a variety of steps that we are implementing to help reduce the potential for the virus to enter our building. However, we need your help in battling COVID-19, to protect the residents, as well as to prevent the spread throughout the community.

**At this time, we are restricting family and friends from visiting the center.** With guidance from the Centers for Medicare & Medicaid Services (CMS), recommendations of the CDC, and out of an abundance of caution, we are restricting visitors from entering the facility. We are posting signs on our entryway doors to notify visitors of this policy and making and answering phone calls to update you on new changes with our policy and procedures.

**We understand the concerns from our family members regarding the visitation restrictions** and appreciate in advance your cooperation in supporting our battle against COVID-19. The consideration for this restriction is based partly because of the ease of spread in a long-term care setting and the severity of illness that occurs in residents with COVID-19.

**We understand that connecting with your loved ones is incredibly important, and the facility is committed to facilitate remote communication.** There are a variety of other ways you might consider communicating with them. These may include telephone, email, text, video chat or social media. If your loved one does not have an alternative form of communication as mentioned above, the facility will provide resources to residents during visiting hours. Video chat via Facetime or Google Duo will be available to all residents via the facility means. Please schedule a video chat by contacting the \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please make sure we have your most current, emergency contact information.** We want to make sure we efficiently communicate with you should there be any new developments. Please reach out to the social worker or other administrative staff with your updated contact information.

Our facility is following the recommendations of the CDC on prevention steps, including following strict handwashing procedures, and in many circumstances, wearing gowns and gloves when interacting with residents who present symptoms. We also are staying up to date with the CDC recommendations as they may continue to change. In addition, we are in close contact with the local and state health department, and we are following their guidance.

We will notify you if any residents or staff are diagnosed with COVID-19. Should you have any questions, please feel free to contact our center at:

\_\_\_\_\_  
\_\_\_\_\_

For additional information, please visit the CDC's coronavirus disease [information page](#).

Sincerely,

**Until Further Notice, this**  
**Facility has Enacted**  
**Restricted Visitation**

**Restricted means individuals should not be  
allowed in the facility at all.**

**Only essential medical personnel who are caring for our  
residents are allowed in the facility at this time.**

**We apologize for any inconvenience this may cause; however, your  
loved one's safety is our top priority.**

For more information, visit the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

# Visitor Screening Tool

Visitor Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Do you have symptoms of cough, fever, shortness of breath, or sore throat for at least 24 hours without the use of medicines (e.g. Tylenol, Motrin, Aspirin and Cough Suppressants). ? \_\_\_\_ Yes, \_\_\_\_ No
2. Have you had contact with someone with a confirmed diagnosis of COVID – 19 or under investigation for COVID – 19? \_\_\_\_ Yes, \_\_\_\_ No
3. Have you had contact with someone who are ill with respiratory illness? \_\_\_\_ Yes, \_\_\_\_ No
4. Have you had contact with someone who has traveled internationally in the past 14 days, including the following countries, China, Iran, Japan, Italy, South Korea? \_\_\_\_ Yes, \_\_\_\_ No
5. Are you residing in a community where community-based spread of COVID – 19 is occurring? \_\_\_\_ Yes, \_\_\_\_ No
6. Have you traveled on cruise ships or participated in other settings where crowds are confined to a common location? \_\_\_\_ Yes, \_\_\_\_ No

Staff Member conducting the Screening: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

If you have answered yes to any of these questions or have a temperature, we will ask that you leave the facility without visiting your loved one. Regulations and guidance related to restricting a resident's right to visitors can be found at 42CFR§483.10(f)(4) and at F-Tag 563 of Appendix PP of the State Operations Manual.

For more information, visit the CDC website

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>

# SHARE FACTS ABOUT COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

## FACT 1

Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

## FACT 2

For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

## FACT 3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.

## FACT 4

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

## FACT 5

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

- Develop symptoms

AND

- Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.



CS315446-A 03/16/2020

[cdc.gov/COVID-19](https://cdc.gov/COVID-19)

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THE PRESIDENT'S **CORONAVIRUS GUIDELINES** FOR AMERICA

# 15 DAYS TO SLOW THE SPREAD

Listen to and follow the directions of your **STATE AND LOCAL AUTHORITIES**.

**IF YOU FEEL SICK**, stay home. Do not go to work. Contact your medical provider.

**IF YOUR CHILDREN ARE SICK**, keep them at home. Do not send them to school. Contact your medical provider.

**IF SOMEONE IN YOUR HOUSEHOLD HAS TESTED POSITIVE** for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.

**IF YOU ARE AN OLDER PERSON**, stay home and away from other people.

**IF YOU ARE A PERSON WITH A SERIOUS UNDERLYING HEALTH CONDITION** that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.



For more information, please visit  
**CORONAVIRUS.GOV**

THE PRESIDENT'S CORONAVIRUS GUIDELINES FOR AMERICA

# DO YOUR PART TO SLOW THE SPREAD OF THE CORONAVIRUS

Even if you are young, or otherwise healthy, you are at risk and your activities can increase the risk for others. It is critical that you do your part to slow the spread of the coronavirus.

Work or engage in schooling **FROM HOME** whenever possible.

**IF YOU WORK IN A CRITICAL INFRASTRUCTURE INDUSTRY**, as defined by the Department of Homeland Security, such as healthcare services and pharmaceutical and food supply, you have a special responsibility to maintain your normal work schedule. You and your employers should follow CDC guidance to protect your health at work.

**AVOID SOCIAL GATHERINGS** in groups of more than 10 people.

Avoid eating or drinking at bars, restaurants, and food courts — **USE DRIVE-THRU, PICKUP, OR DELIVERY OPTIONS.**

**AVOID DISCRETIONARY TRAVEL**, shopping trips, and social visits.

**DO NOT VISIT** nursing homes or retirement or long-term care facilities unless to provide critical assistance.

**PRACTICE GOOD HYGIENE:**

- *Wash your hands, especially after touching any frequently used item or surface.*
- *Avoid touching your face.*
- *Sneeze or cough into a tissue, or the inside of your elbow.*
- *Disinfect frequently used items and surfaces as much as possible.*

**CORONAVIRUS.GOV**

School operations can accelerate the spread of the coronavirus. Governors of states with evidence of community transmission should close schools in affected and surrounding areas. Governors should close schools in communities that are near areas of community transmission, even if those areas are in neighboring states. In addition, state and local officials should close schools where coronavirus has been identified in the population associated with the school. States and localities that close schools need to address childcare needs of critical responders, as well as the nutritional needs of children.

Older people are particularly at risk from the coronavirus. All states should follow Federal guidance and halt social visits to nursing homes and retirement and long-term care facilities.

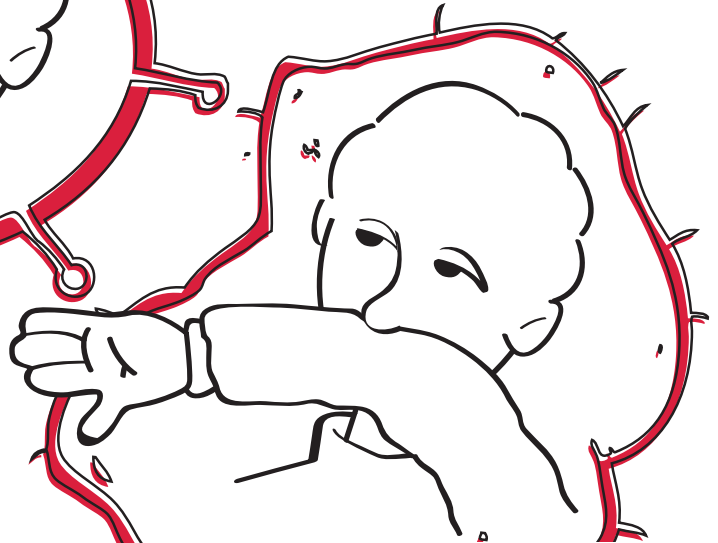
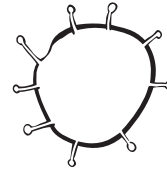
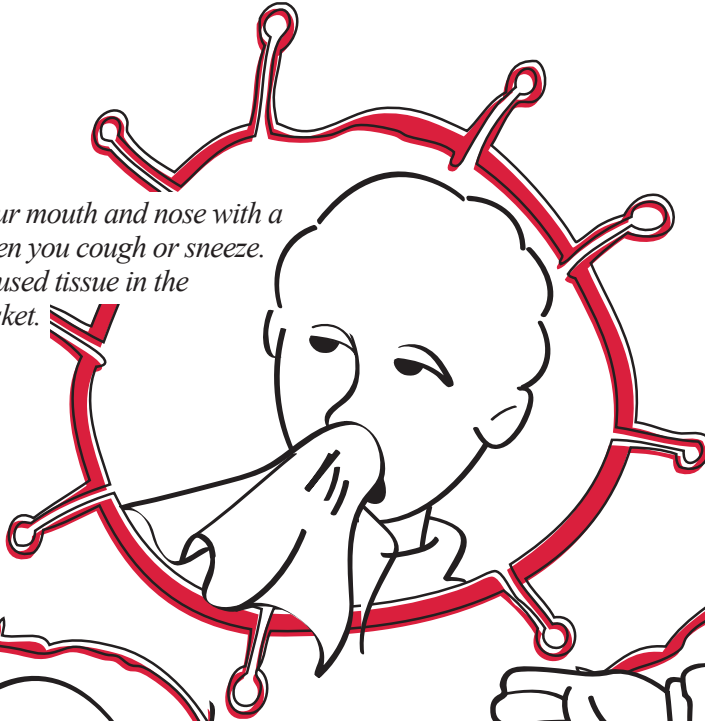
In states with evidence of community transmission, bars, restaurants, food courts, gyms, and other indoor and outdoor venues where groups of people congregate should be closed.

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# Cover Cough

*Stop the spread of germs that can make you and others sick!*

*Cover your mouth and nose with a tissue when you cough or sneeze. Put your used tissue in the waste basket.*



*If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.*



*You may be asked to put on a facemask to protect others.*



*Wash hands often with soap and warm water for 20 seconds. If soap and water are not available, use an alcohol-based hand rub.*



## Infection Mitigation Zones

To decrease the chance of spread of COVID – 19, the facility must plan and practice cohousing during a time of presumptive or positive cases that have been identified.

Cohorting – physically moving resident who are COVID + to a separate area, presumptive residents to another and COVID negative to another.

COOL	WARM	HOT
Should present <b>No</b> contamination risk.	Should present <b>Minimal Risk</b> of disease transmission to/from residents and staff.	Present <b>High Risk</b> of disease transmission to/from residents and staff
Continual infection control training and enforced procedure and protocols needed.	<b>No</b> COVID Positive Residents – this would be generally the condition of the entire facility.	In facilities <b>without</b> effective cohousing, physical separations, or robust training and enforced procedures and protocols; The <b>ENTIRE</b> facility should be considered <b>HOT</b>
This is unlikely to be achieved with the current outbreak situations occurring in the industry.	<b>COVID Positive</b> , Presumptive and COVID Negative resident – requires Cohorting, adequate physical separations, regular resident and staff testing and training with enforced procedures and protocols.	In the facility with all the above in place, and have Positive, Presumptive and Negative residents; the <b>HOT ZONE</b> would be isolated to the area housing COVID Positive and Presumptive residents.
<ul style="list-style-type: none"> <li>Surgical Masks are to be worn by ALL staff.</li> <li>Cloth masks may be worn by residents</li> <li>Residents must have a mask on when not in room or when staff is caring for them.</li> </ul>	<p><b>For the purposes of general safety, it should be assumed that anywhere inside the facility is either <b>WARM</b> or <b>HOT</b></b></p> <ul style="list-style-type: none"> <li>All personnel should be in N95 masks and full PPE prior to entry into the <b>warm</b> zone</li> <li>Staff will be assigned to specific zone and will not be allowed to cross zones for any reason.</li> <li>Strict Adherence to protocols for med pass, food service, laundry and general facility hyper – sanitization.</li> </ul>	<p>Requires</p> <ul style="list-style-type: none"> <li>Entry and Exit controls, Effective donning and doffing processes.</li> <li>Staff will be assigned to specific zone and will not be allowed to cross zones for any reason.</li> <li>Strict Adherence to protocols for med pass, food service, laundry and general facility hyper – sanitization.</li> <li>Staff restrooms and break rooms must be separate from staff and residents from the <b>warm</b> and <b>cold</b> zones</li> <li>Full PPE including N95s must be worn.</li> <li>Gowns must be changed per encounter.</li> </ul>





# DROPLET PRECAUTIONS



**EVERYONE MUST:**

**Clean their hands, including before  
entering and when leaving the room.**



**Make sure their eyes, nose and mouth are  
fully covered before room entry.**



**or**



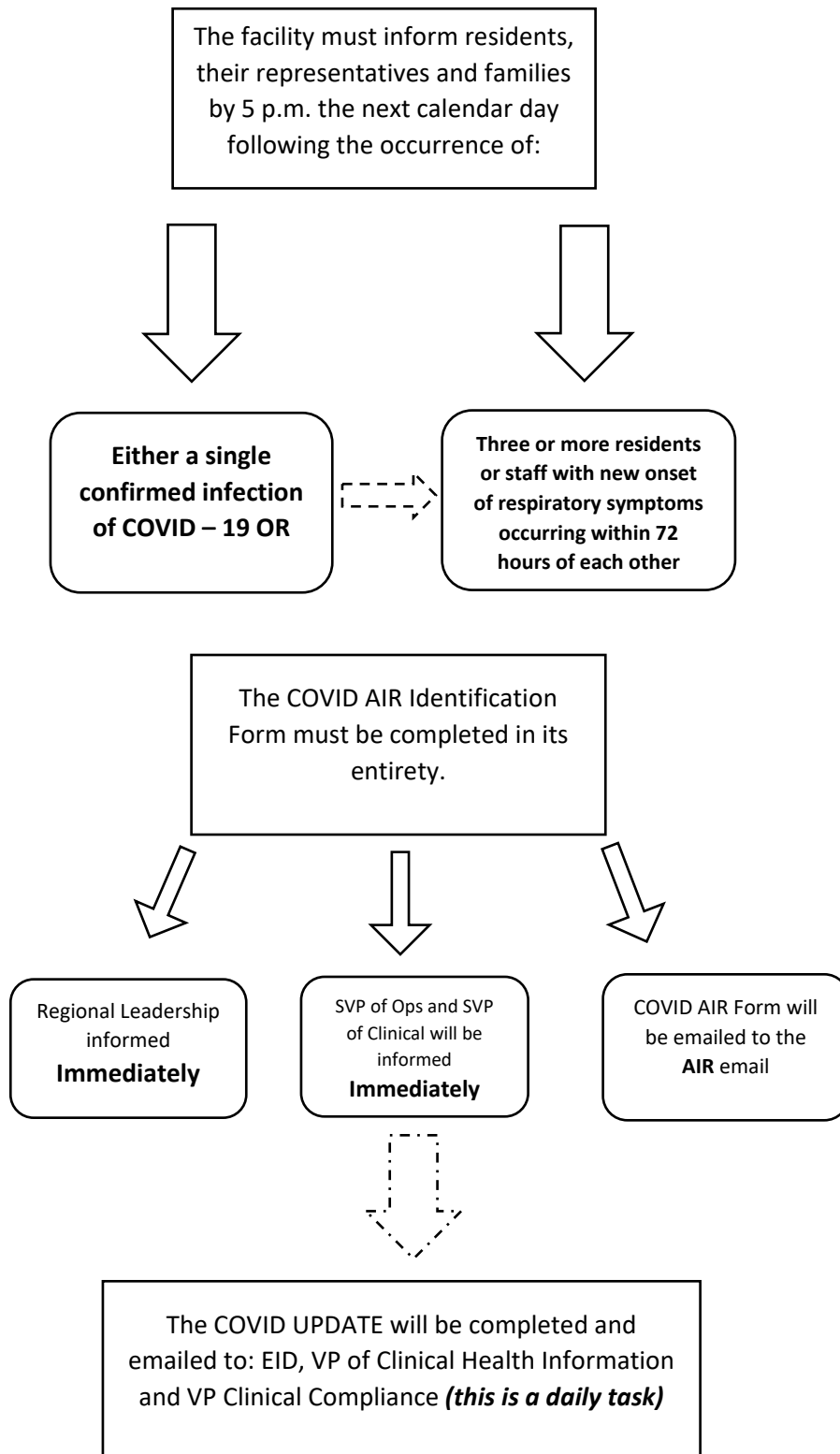
**Remove face protection before room exit.**



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

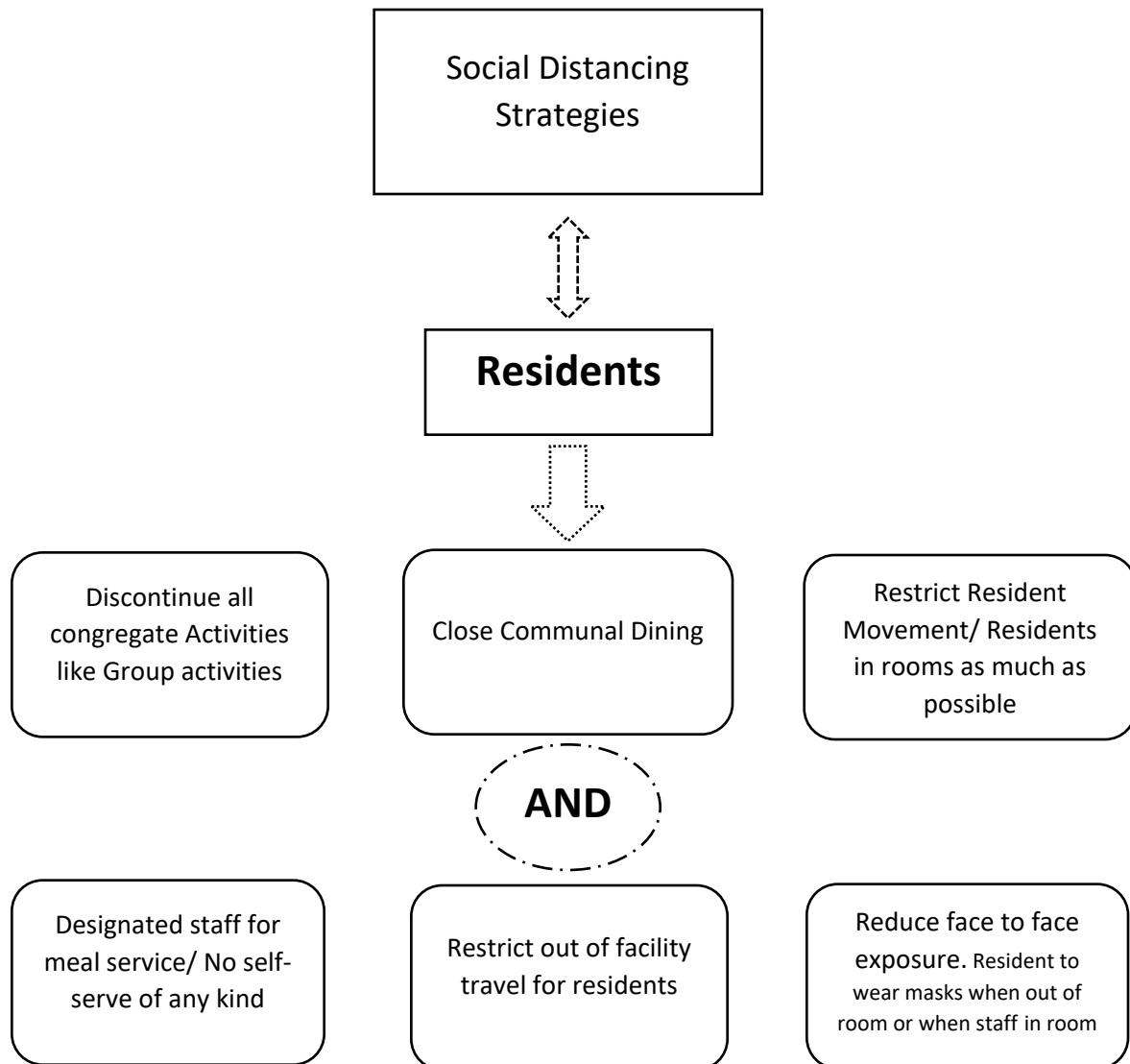
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## Inform Residents, their Representatives, and Families

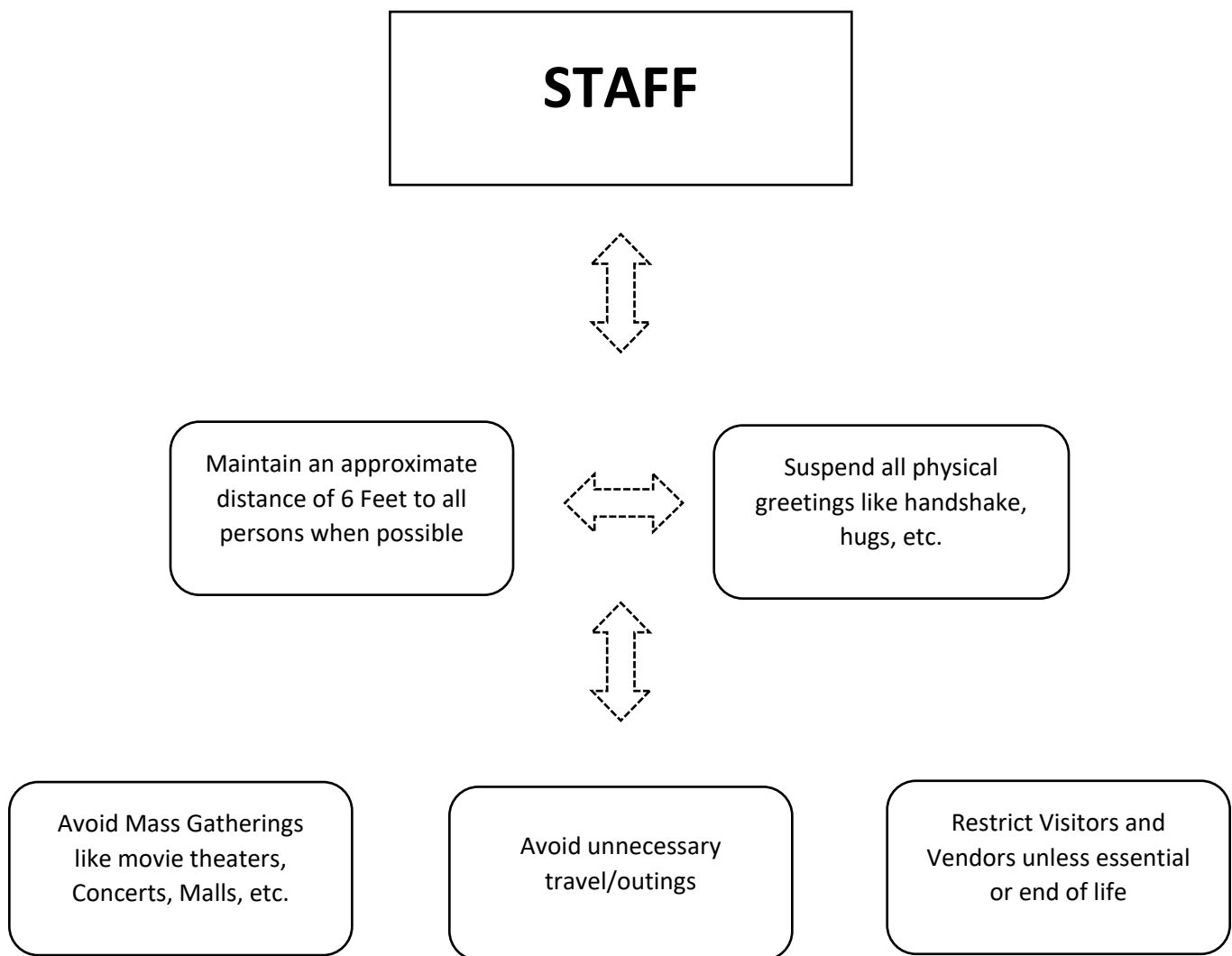


## Social Distancing

The purpose of this guidance is to provide the facility with an understanding of social distancing strategies to slow/prevent the transmission of COVID – 19 viruses within the facility.



## Social Distancing



# Guidance for LTC Providers on How to Obtain Personal Protective Equipment (PPE)

## Optimizing PPE

PPE includes all equipment and supplies needed to protect a person from the spread of infectious disease. All providers are expected to have PPE available. Providers should first attempt to obtain PPE through their normal supply chain or through other typically available resources. These options include contacting any sister facilities for coordination; reaching out to local partners or stakeholders; or looking at any possible reallocations within the Public Health Region, Healthcare Coalition, Regional Advisory Council regions, or other medical supply agencies.

If hospitals and health care professionals cannot obtain any PPE from their vendor(s) and have exhausted all alternatives, they should send their official requests to their local office of emergency management via the State of Texas Assistance Request (STAR) process. Please note that this is not a guarantee of receiving PPE; supplies of PPE may be insufficient to meet demand.

Providers who are having difficulty obtaining PPE should follow national guidelines for optimizing their current supply or identify the next best option to care for individuals receiving services from the provider while protecting staff. If providers are unable to obtain PPE for reasons outside their control, HHSC surveyors will not cite them.

For the most current guidance on the use of PPE and how to conserve PPE, access resources from [DSHS](#) and CDC. The CDC COVID-19 website has sections for [health care professionals](#) and [health care facilities](#). The CDC also has specific information relating to:

- [Healthcare Supply of PPE](#)
- [Strategies to Optimize PPE and Equipment](#)
- [Strategies to Optimize Eye Protection](#)
- [Strategies to Optimize Isolation Gowns](#)
- [Strategies to Optimize Face Masks](#)
- [Strategies to Optimize N-95 Respirators](#)
- [Crisis Alternate Strategies for N-95 Respirators](#)

## **Requesting PPE Through Local Emergency Management**

[STAR](#) is a system operated by the Texas Department of Emergency Management that allows local emergency coordinators to request equipment and supplies. By working through your local emergency management officials, you can ask them to initiate a STAR request.

## **Requesting PPE Through a Regional Advisory Council (RAC)**

Each of the 22 RACs in Texas is tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan. Providers also can [contact their RAC](#) to request PPE.

One of the RACs, the Southeast Texas Regional Advisory Council (SETRAC), has an online request for PPE. SETRAC serves southeast Texas. If you are served by SETRAC, follow this process to request PPE:

- Visit the [SETRAC](#) website.
- Navigate to the COVID-19 page and forms section.
- Ensure the form is complete, including details such as the type of item and number of each item requested, as well as the point of contact for the order.

[RAC contacts](#)

[Map of RACs](#)

[Map of Trauma Service Areas with RAC Names](#)



# Helping Staff Manage Anxiety during the COVID-19 Pandemic

Supporting Your Staff in the Long Term Care Setting

Presented by Licensed  
Clinical Psychologists:  
Catie Jackson, Psy.D and Lisa Lind, Ph.D

# COVID-19 in LTC settings

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- COVID-19 is unique in that much of the initial media coverage focused on the LTC healthcare setting
- COVID-19 poses an increased risk to the health and safety of the individuals we serve; and Federal guidelines were established limiting visitation to LTC settings
- LTC residents are directly impacted by restricting physical social engagement and community access
- Coverage is dominating television, internet, radio, and print media
- This can contribute to anxiety related to COVID-19 and working in an LTC healthcare setting





## Some level of anxiety is normal

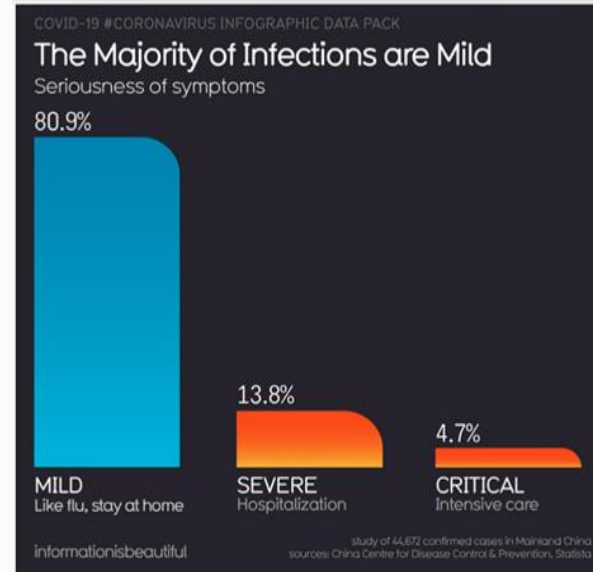
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- It is natural to feel heightened anxiety and a sense of uncertainty given the scale of the outbreak and media reporting
- This is a new virus, and therefore there is an element of the unknown, so it is important to stay calm and informed and implement suggested measures for safety
- However, it is important to manage levels of stress to prevent it adversely affecting our physical and mental health
- A good place to start is looking at the facts

# Perspective

**Current research states that 80 percent of people will experience minimal to mild symptoms if they contract the virus**

- Seek out accurate information
  - [www.cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)
  - [www.Emergency.cdc.gov](https://www.Emergency.cdc.gov) is specific to providers
  - [www.who.int/westernpacific/emergencies/covid-19](https://www.who.int/westernpacific/emergencies/covid-19)
- Set a limit on media consumption, including social media, local or national news



# Why are you possibly seeing more anxiety than usual?

**Why The Coronavirus Is Triggering Mental Health Issues:**

Despair      Mindset switch from "living" to "survival"      Triggers feelings of hopelessness

Increased health anxiety      Decreased job security

Fear for loved ones lives      Promotes social withdrawal

Decreased financial security      Loneliness

Quarantine makes it more difficult to distract oneself from existing mental health issues

Coronavirus isn't just threatening our physical health, but our mental health too. Look after it. Please share to raise awareness.

@RealDepressionProject

An infographic titled "Why The Coronavirus Is Triggering Mental Health Issues:". It features a central illustration of a coronavirus particle. Surrounding it are various text boxes listing psychological effects: "Despair", "Mindset switch from 'living' to 'survival'", "Triggers feelings of hopelessness", "Increased health anxiety", "Decreased job security", "Fear for loved ones lives", "Promotes social withdrawal", "Decreased financial security", and "Loneliness". A paragraph states, "Quarantine makes it more difficult to distract oneself from existing mental health issues". At the bottom, a yellow heart icon is next to the text "Coronavirus isn't just threatening our physical health, but our mental health too. Look after it. Please share to raise awareness." and the handle "@RealDepressionProject". A small circular logo for "THE DEPRESSION PROJECT" is also present.

# Compassion Fatigue

## a synonym for Secondary Traumatic Stress Disorder

- The physical and mental exhaustion and emotional withdrawal experienced by those who care for sick or traumatized people over an extended period of time
- Apathy or indifference toward the suffering of others as the result of overexposure to tragic news stories and images and the subsequent appeals for assistance

### **Common symptoms of Compassion Fatigue include:**

Chronic physical and  
emotional exhaustion

Depersonalization

Feelings of inequality  
toward the  
therapeutic or  
caregiver relationship

Irritability

Feelings of self-  
contempt

Difficulty sleeping

Weight loss

Headaches

# Stress and the Immune System

- Chronic stress increase levels of adrenalin and cortisol and depletes your body of vital nutrients.
- This all makes it harder for the body to regulate its inflammatory response and fight infection.
- It causes damage to the internal organs and tissue at a cellular level.
- This causes further stress on the body.



## Additional Factors That Can Negatively Impact Immunity

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## Decreasing Anxiety Related to Finances

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Even before the Covid-19 pandemic, **money** was a top stressor for most Americans.

Suggestions to help decrease anxiety related to finances:

- Avoid catastrophic thinking
- Avoid panic buying
- Take a measured approach to decision making
- Come up with back-up plans
- Take small steps to help your community



# What can you do when you're feeling anxious?

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- Monitor yourself for disrupted sleep, excessive fatigue, irritability, poor focus and marked anxiety. If we run on empty, we can't care for our patients, families or communities
  - ***Our work is a marathon, not a race***
- Gain practical advice to quit smoking
- Ensure you keep foods that are high in fat and sugar to a minimum, and increase your intake of vegetables, fruits, and whole grains
- Try taking a brisk walk three times a week
- Stay hydrated
- Avoid too much caffeine
- Stay on a regular sleep schedule and aim for 6-8 hours of sleep



# What can you do when you're feeling anxious?

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- **Get your emotional support system in place**

- Maintain familiar routines in daily life as much as possible
- Take care of your basic needs such as resting between shifts, eating healthy food and engaging in physical activity, staying hydrated
- Stay connected with others
  - Connect via phone, email, social media, video conference and email
- Free online support groups



# What can you do when you're feeling anxious?

## **Maintain a hopeful outlook and use breathing exercises**

Try mindful breathing several times a day. Take a moment for low and slow breaths before getting out of the car, when you enter your work area, and prior to entering a patient room. Breathing helps us to calm down and improves our concentration

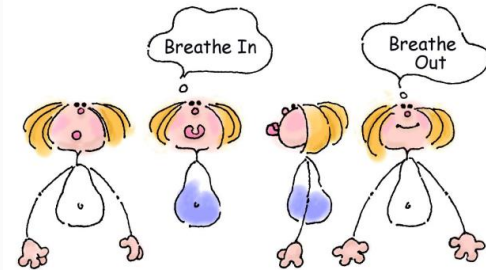
- With one hand on your chest, and one on your stomach, try to breathe in so that the hand on your chest remains still while the hand on your stomach extends with your stomach
- The exhale should extend 5-8 seconds (the lower end for people with breathing difficulties)



# Deep Breathing

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- Focus on diaphragmatic breathing
  - The exhale should extend 5-8 seconds (the lower end for people with breathing difficulties)
- “Smell the Flowers, Blow out the Candles” is a great verbal cue for someone struggling to take a diaphragmatic breath
- [www.youtube.com/watch?v=UB3tSaiEbNY](https://www.youtube.com/watch?v=UB3tSaiEbNY)



# Progressive Muscle Relaxation

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- A person starts in a relaxed position and works through each muscle group in a series of tensing and relaxing movements.
- It typically starts with one end of the body, and moves through to the other end.
- This helps people become aware of their bodies connection to mental processes and allows them to develop strategies for relieving physical and emotional tension.
  - [www.youtube.com/watch?v=pyxvL1O2duk](https://www.youtube.com/watch?v=pyxvL1O2duk)
  - [www.youtube.com/watch?v=86HUcX8ZtAk](https://www.youtube.com/watch?v=86HUcX8ZtAk)



# Guided Imagery

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- Guided meditation involves a person being guided to imagine a safe and relaxing place.
- Often incorporates full integration of all sensory experiences
  - “As you see yourself walking along..., The briny smell of the air..., the feel of the sand..., the sound of the waves..., the taste of the salt on your lips...”
- Often encourages the person to choose a setting or scene from their past, or a dream destination, or a calming scene they envision
  - “As you move along the wooded trail, can you describe the sounds you hear?”

# Thought Stopping

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- An example of using thought stopping techniques to help yourself deal with rumination and negative thinking, or a reminder to yourself to stop automatic negative thoughts:
- [www.youtube.com/watch?v=fl1lvccqUzE](https://www.youtube.com/watch?v=fl1lvccqUzE)



# Self Care Resources

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Support Group Central: [www.supportgroupscentral.com](http://www.supportgroupscentral.com)

- Offers virtual support groups on numerous mental health conditions - free or low-cost. Website also offered in Spanish

TheTribe Wellness Community: [www.support.therapytribe.com](http://www.support.therapytribe.com)

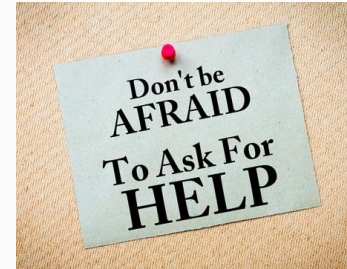
- Free, online peer support groups offering members facing mental health challenges and/or difficult family dynamics a safe place to connect. Support groups include Addiction, Anxiety, Depression, HIV/AIDS, LGBT, Marriage/Family, OCD and Teens

18percent: [www.18percent.org](http://www.18percent.org)

- Offers a free, peer-to-peer online support community for those struggling with a wide range of mental health issues

Psych Central: [www.psychcentral.com](http://www.psychcentral.com)

- Offers online mental health resources, quizzes, news, an “Ask the Therapist” function, and online support communities



# Self Care Resources

## Headspace

- There is a mindfulness app called Headspace, that has provided a free subscription for healthcare providers due to COVID-19
- [www.headspace.com](http://www.headspace.com)

## Omvana

- Omvana makes meditation fun, much easier, more effective, and powerful and puts you in particular states of mind to be more productive, focused, and creative. Use this app to help you relax, meditate, and sleep better.
- [www.omvana.com](http://www.omvana.com)

## Calm

- a simple mindfulness meditation **app** that brings clarity and peace of mind into your life
- [www.calm.com](http://www.calm.com)



# Who to contact if you need help

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- **SAMHSA Disaster Distress Helpline** provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human disasters
  - [1-800 985-5990](tel:1-800-985-5990)
- **Suicide Prevention Hotline**
  - [1-800-273-8255](tel:1-800-273-8255)
  - [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
    - They offer an online chat option through this link
- **Crisis Textline**
  - Text TALK to 741741



# Clinician Self-Care & Resources

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- There are the sayings “*The carpenter always has a leaky roof*” and “*The shoemaker’s son always goes barefoot*.” The truth is, people in helping professions often forget to take care of themselves. Usually at the expense of their own health, wellness, and the people closest to them.
- What are you going to do **today** to take care of your health and wellness?
- We all know the things we’re “*supposed*” to do. How can we achieve them?
- In order to avoid burnout and your own distress, manage your baselines as well.
  - How’s your diet/nutrition? Your sleep? Your exercise?
- How can you better manage your negative and anxious thoughts?



# Recommendations for the Workplace

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- **Use team meetings and change-of-shift reports for staff support:**
  - Taking a few moments to acknowledge the efforts and of coworkers can help bolster spirits. In Italy people applauded the work of their healthcare providers from their windows and balconies. We can clap for each other at every change of shift, physically and metaphorically
- **Monitor the stress levels of teammates:** Keep an eye on coworkers for signs of excessive withdrawal, irritability, fatigue or worry. Offer support when possible
- **Encourage breaks:** Even during times of being short-staffed during a time of crisis, we can support our colleagues to take lunch away from their desks and to take pauses throughout their shifts, especially when they're showing signs of increased distress. A couple of uninterrupted minutes of quiet breathing in a private space can help

(<https://www.mcknights.com/blogs/the-world-according-to-dr-el/managing-staff-anxiety-in-the-time-of-covid-19/>)

# Recommendations for Organizations

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- **Centralize communication:**
  - Regular, calm messages from your organization can help employees stay informed, feel supported and keep their composure.
  - Consider using email or a password-protected section of your website to give updates, support and direction.
- **Utilize mental health services:**
  - Remind workers that mental health specialists are available through their insurance or employee assistance program.
- **Enlist support from the larger community:**
  - Local businesses may be available to boost staff spirits with freebies or reduced rates.
  - Neighbors might want to support their local nursing home workers by sewing face masks, decorating windows with encouraging phrases, or any number of creative ideas.
  - Check the local on-line message board and ask them for help.

(<https://www.mcknights.com/blogs/the-world-according-to-dr-el/managing-staff-anxiety-in-the-time-of-covid-19/>)

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# Q and A

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Epidemiologic Risk Factors	Exposure Category	Recommended Monitoring for COVID -19 (until 14 days after last potential Exposure)	Work Restrictions for Asymptomatic HCP
A. HCP (with unprotected eyes, nose or mouth) who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., <b>cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction</b> ).	High	Active	Exclude from work for 14 days after last exposure
B. HCP who perform or are present in room for a procedure likely to generate higher concentration of respiratory secretions of aerosols (e.g., <b>cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction</b> ). And not using a gown and gloves.	Medium	Active	Exclude from work for 14 days after last exposure
C. HCP C. HCP (with unprotected eyes, nose, or mouth) <sup>2</sup> who have prolonged close contact with a patient who was not wearing a facemask. Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient who was not wearing a facemask.	Medium	Active	Exclude from work for 14 days after last exposure
D. HCP (with unprotected eye, nose, and mouth) <sup>2</sup> who have prolonged close contact with a patient <i>who was wearing a facemask</i>	Medium	Active	Exclude from work for 14 days after last exposure
E. HCP (not wearing gloves) who have direct contact with the secretions/excretions of a patient and the HCP failed to perform immediate hand hygiene	Medium	Active	Exclude from work for 14 days after last exposure
F. HCP wearing a facemask or respirator only who have prolonged close contact with a patient <i>who was wearing a facemask</i> Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as <i>low-risk</i> because the patient was wearing a facemask for source control	Low	Self with delegated supervision	None
G. HCP using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown) while caring for or having contact with the secretions/excretions of a patient	Low	Self with delegated supervision	None
H. HCP (not using all recommended PPE) who have brief interactions with a or patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged)	Low	Self with delegated supervision	None
I. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room	No identifiable risk	None	None

**HCP=healthcare personnel; PPE=personal protective equipment**



Epidemiologic Risk Factors	Exposure Category	Recommended Monitoring for COVID -19 (until 14 days after last potential Exposure)	Work Restrictions for Asymptomatic HCP
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I. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room	No identifiable risk	None	None

**HCP=healthcare personnel; PPE=personal protective equipment**

# EXHIBIT 3



3. From 1981 to 1987, I worked at the Columbia Edward White Hospital in Saint Petersburg, Florida in the Emergency Department. From 1987 to October 24, 2014, I worked in private practice in Saint Petersburg, Florida. The practice focused on Adult and Geriatric Medicine. My full CV is attached to this as “**Exhibit 1.**”
4. I have cared for many residents similar to Ms. Norman in hospital and nursing home settings over the last several decades. I have extensive experience in prevention or mitigation of infection in residents/residents whose medical history makes them a high risk for infections, such as viral infections, in nursing homes. I am knowledgeable of the standards of care of the nursing staff of long-term care facilities and skilled care nursing facilities, having worked with the nursing staff in the coordination of care for residents of such facilities. I am familiar with the guidelines put out by the Centers for Disease Control related to “implementation of personal protective equipment in nursing homes to prevent spread of novel or targeted multidrug resistant organisms” issued in 2019, as well as earlier guidelines issued in the memorandum entitle “core infection prevention and control practices for safe healthcare delivery in all settings” issued by the CDC as early as 2017. I am also familiar with the requirements for skilled nursing facilities as they relate to requirements for implementation of infection control policies in skilled nursing facilities such as that in which Ms. Norman was a resident between 2011 and 2020. I have worked in hospitals and skilled nursing facilities and have been instrumental in ensuring that universal infection controls as well as those provided by the CDC.
5. I have been asked to evaluate the care provided to Ms. Norman by Dallas Texas Healthcare LLC d/b/a Skyline Nursing Center, Oasis Healthcare Partners LLC, and its staff (Skyline).
6. In this case, I have reviewed the following records:
  - a. Plaintiff’s Original Petition;

- b. Medical Records of Ella Norman from Skyline Nursing Center;
  - c. Medical Records of Ella Norman from Methodist Hospital of Dallas;
  - d. Death Certificate of Ella Norman; and
  - e. Skyline Nursing Center's Health Inspection Summary from Medicare.gov.
7. The opinions expressed here are based on my review of the pertinent medical records, my education, training and experience and my knowledge of the accepted medical and nursing standards of care for the diagnoses, care and treatment of the illnesses, injuries, and conditions involved in this claim.
8. In formulating an opinion, I have reviewed the medical records of Ms. Norman against my education, medical training and experience to determine whether there were deviations from the standard of care. Such methodology is the methodology employed by every physician who is asked to evaluate the quality of another professional caregiver's care and treatment of a patient, whether in the context of a lawsuit or a hospital, or a nursing home, and assisted living care facility or a physician's office. In other words, this method is the generally accepted method for evaluating whether or not a long-term care facility, skilled nursing facility, a hospital, or a physician's care and treatment of a patient met or fell below the accepted standards of care.
9. In the regular course of my medical practice, I have had occasion to diagnose and treat patients with conditions similar to or identical with Ms. Norman who have contracted communicable diseases, suffered, and died as a result of the care of skilled nursing facilities. I have extensive knowledge and experience in the injuries complained of and that were suffered by Ms. Norman. I also am familiar with the standards for skilled nursing facilities, as well as nursing staff who are employed in the provision of care to residents such as Ms. Norman. I have written orders for the care and treatment of these patients and



have supervised the execution of these orders by RNs, LVNs, and CNAs. These orders included orders for the prevention and treatment of communicable diseases and the monitoring of residents, and the duties involved in identifying when residents need to be sent to a higher level of care, including when to apprise physicians of resident change in condition. I am familiar with the duties and interventions used in the prevention of infectious disease. I am familiar with the standards of care for the skilled nursing facility involved in this claim as well as the standards of care as they pertain to RNs, LVNs and CNAs of hospice services who were providing care to Ms. Norman.

## **II. CHRONOLOGY OF EVENTS**

10. Ms. Ella Norman was admitted to Skyline Nursing Center ("Skyline") on 2/13/2018. Upon her admission to Skyline, Ms. Norman was known to have the following diagnoses:
11. Other abnormalities of gait and mobility, schizoaffective disorders, essential primary hypertension, chronic kidney disease, stage 3, major depressive disorder, recurrent, unspecified, unsteadiness on feet, unspecified lack of coordination, pain in right knee, muscle wasting and atrophy, not elsewhere classified, unspecified asthma, uncomplicated, Alzheimer's disease, unspecified, localized osteoporosis, tremor, unspecified, muscle weakness generalized, unspecified dementia without behavioral disturbance, presence of right artificial knee joint, aftercare following joint replacement surgery, bradycardia unspecified, difficulty in walking, dysphagia, oropharyngeal phase. Her surgical history included a right knee replacement and a shoulder foreign body removal.
12. A nursing note from 3/25/2022 shows that the facility was under social distancing due to the COVID-19 outbreak per the government until further notice. The note also describes that residents are not able to have outside visitors at this time and they are having meals in their rooms, but they are able to go out if they smoke under strict supervision due to social

distancing. They are still able to play bingo from the doorway of their rooms, with activities director passing out prizes. This is the first mention of social distancing measures being taken at the facility.

13. Two days later, on 3/27/2022, Ms. Norman was sent to Dallas Methodist. That day, a Skyline nurse doing daily vital signs took Ms. Norman's temperature which read 101.3°F. The nurse notified the Director of Nursing. A doctor was notified at 8:15 PM. The nurse called Allegiance transport but was told there would be a two-hour wait. It was noted Ms. Norman had little to no cough but felt dizzy and had congestion. Her oxygen level was 96%. She left the facility for the hospital at 9:46 PM.
14. A note from the hospital when she was admitted states that Ms. Norman has a "history of hypertension, asthma as well as COPD and dementia, who presents to the Emergency Department with a complaint of shortness of breath and cough." It goes on to say, "she was actually sent over from her nursing home because one of the residents that she had interactions with had tested positive for COVID-19" and was sent to the emergency room "to be evaluated due to her known COVID exposure." Ms. Norman reported to the hospital that "she has had a dry cough off and on for the last several days along with shortness of breath and dyspnea on exertion." She also reported that "she normally uses a walker to get around but reports that she has not been able to walk nearly as far and has had to have frequent breaks because she will get short of breath" and denied having any fever or chills.
15. Over the course of her stay at Methodist, Ms. Norman was intubated for respiratory failure related to COVID-19. She developed worsening acute respiratory distress syndrome and multi-organ dysfunction with septic shock and acute kidney injury. Hospital notes show that with her comorbidities, she had a very poor prognosis. Ms. Norman's son decided on comfort care measures, and she was removed from all life support and pronounced dead at

12:37 AM on 4/11/2020. The causes of death listed on her death certificate are COVID-19, respiratory failure, and viral pneumonia.

### **III. DUTY AND BREACHES OF THE STANDARD OF CARE**

16. To meet the standard of care, Dallas Texas Healthcare LLC d/b/a Skyline Nursing Center and Oasis Healthcare Partners LLC are required to provide a level of care and treatment that an otherwise reasonable and prudent, similar skilled nursing facility and staff would provide under the same, or similar, circumstances. Specifically, to meet the standard of care a skilled nursing facility, Skyline must ensure that its residents receive and are provided with the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being.
17. The nursing staff and administration of Skyline breached the standard of care in the provision of care to Ms. Norman. The standard of care for skilled nursing facilities is to take measures to prevent the spread of infectious communicable diseases. Further, the standard of care for skilled nursing facilities includes following recommendations issued by the Centers for Disease Control. In the present case, the standard of care was breached as Ms. Norman developed a communicable disease, COVID-19. The Centers for Disease Control issued guidelines for the mitigation of COVID-19 in March of 2020. Skyline and its staff breached the standard of care when they failed to follow the CDC guideline issued in March of 2020. The breach of the standard of care occurred when Skyline's nursing staff failed to take appropriate measures to properly implement a nursing care plan related to the risk of COVID-19 infection. In the present case, Skyline's staff breached the standard of care by failing to include a care plan related to the risk of COVID-19.
18. Additionally, the standard of care requires all skilled nursing facilities to implement effective infection control policies and procedures specific to mitigation of infection risk



from COVID-19. CMS cited Skyline in May of 2020 for failure to "provide and implement an infection control program." CMS rated the level of harm as a "4," the highest level, because it placed residents' health in immediate jeopardy. This deficiency is also listed as affecting "many" residents. The CMS report states, "the facility failed to maintain an infection and prevention control program to help prevent the development and transmission of communicable disease and infection." An infection prevention program would have included disinfecting surfaces, ensuring that residents and staff of Concho Health and Rehab were properly wearing personal protective equipment, and ensuring proper screening of entrants into the skilled nursing facility. COVID-19 infection is spread through respiratory droplets released when someone with the virus coughs, sneezes, breathes, and talks. These droplets can be inhaled by a person in close proximity to an infected person. The virus would then colonize the nasopharynx and enter the lungs, causing infection. Screening for infection includes taking of vital signs and monitoring residents, which includes monitoring vital signs and monitoring Ms. Norman for signs of a change in condition, such as lethargy or a decline in overall condition. By failing to follow an infection control policy, Skyline and its nursing staff and administration were permitting persons infected with COVID-19 to introduce the COVID-19 virus to Ms. Norman who, more likely than not, came into contact with an infected resident or staff member, allowing the virus to enter her system and multiply, causing infection in the lungs. This caused a COVID infection in Ms. Norman that caused her death.

19. Further, the standard of care requires skilled nursing facilities to transfer patients to a higher level of care when the skilled nursing facility can no longer provide the level of care necessitated by a patient's condition. Specifically, the standard of care requires that skilled nursing facilities transfer elderly patients to a higher level of care when a patient presents

with signs and symptoms of COVID-19, which Ms. Norman had prior to her 3/27/2020 transfer to the hospital as she let the hospital know.

20. In summary, the care and treatment rendered to Ms. Norman by the Defendants fell below the accepted Standards of Care in the following ways:

- a. Failed to provide the appropriate nursing care and services to Ms. Norman.
- b. Failed to institute and implement effective COVID infection control policies and procedures.
- c. Neglected Ms. Norman to such a degree that she was exposed to COVID-19.
- d. Failed to provide the appropriate supervision and training to its staff and personnel that were providing care to the Plaintiff including appropriate care related to Ms. Norman's treatment needs at all relevant times.

#### **IV. CAUSATION**

21. It is my opinion that the events and failures set forth in this report proximately caused Ms. Norman's injuries and led to her pain and suffering that contributed to her death.

22. COVID-19 infection is spread through respiratory droplets released when someone with the virus coughs, sneezes, breathes, and talks. These droplets can be inhaled by a person in close proximity to an infected person. The virus then colonizes the nasopharynx and enter the lungs, causing infection. Screening for infection includes taking of vital signs and monitoring residents, which includes monitoring vital signs and monitoring Ms. Norman for signs of a change in condition, such as lethargy or a decline in overall condition.

23. By failing to follow an infection control policy, prior to Ms. Norman developing COVID-19, Skyline and its nursing staff were permitting persons infected with COVID-19 to introduce the COVID-19 virus to Ms. Norman who, more likely than not, came into contact with an infected resident or staff member, allowing the virus to enter her system and

multiply, causing infection in the lungs, as evidenced by coughing, wheezing, and shortness of breath experienced by Ms. Norman. This was occasioned by the lack of a care plan with interventions implemented that would prevent or minimize infection in the facility. The lack of any evidenced use of PPE for residents did not afford Ms. Norman the ability to have a barrier against droplets from a COVID-19 infected staff member or resident from being inhaled by Ms. Norman and entering the nasopharynx and lungs, causing COVID-19 infection.

24. Skyline's nursing staff failed to amend Ms. Norman's care plan and isolate her in anticipation of COVID-19 pandemic. Consequently, Ms. Norman, who was highly vulnerable to developing respiratory ailments due to her asthma and COPD while under the care of Skyline's nursing staff, contracted COVID-19 due to exposure from Defendants' facility, which was, to a reasonable degree of medical probability, caused by poor infection control. Namely, Ms. Norman began to exhibit COVID-19 related symptoms a few days before her transfer to the hospital on 3/27/2020. Per CDC guidelines, it takes approximately five to ten days from exposure of COVID-19 to manifest COVID-19 related symptoms. Since Skyline failed to implement and follow a new care plan for Ms. Norman when she began to exhibit COVID-19 related symptoms, such as shortness of breath, and failed to isolate Ms. Norman as required per infection prevention guidelines, Skyline not only breached its duty of care to Ms. Norman but also caused her to contract COVID-19 which led to her ultimate demise.

25. Alternatively, when Ms. Norman began to exhibit COVID-19-related symptoms, management failed to provide certified nurse aides and nursing staff with adequate training to recognize abnormal vital signs and abnormal breathing patterns. By failing to report the abnormal findings and failure to transport Ms. Norman to a higher level of care at the

appropriate time, nursing staff of Skyline denied Ms. Norman the benefit of receiving treatment which may have increased her survivability. This was not done, leading to Ms.

Norman's pain and suffering, rapid decline and resulting in her death.

Executed in County, State of Hawaii, on the 5<sup>th</sup> day of October, 2023

Christopher M. D'Arcy *ms.*  
Declarant

# EXHIBIT 1



## Curriculum Vitae



### **Christopher M. Davey, M.D., P.A.**

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St. Petersburg, FL 33732

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(727) 800.9897 Fax

(727) 641-4501 Cell

**drchrisdavey@outlook.com**

Dr. Davey trained as a pathologist at Mount Sinai Medical Center in Miami, Florida, but since 1987 has practiced in Family Practice and Geriatric Medicine in office, hospital, and nursing home settings. Dr. Davey has a special interest in wound diagnosis, prevention and treatment and is board certified by the American Board of Wound Management. He is also a trained Hyperbaric Specialist. (Hyperbaric medicine is the treatment of severe wounds and other conditions using high pressure oxygen chambers). He was the Medical Director of Hyperbaric Medicine, as well as an active physician at the Edward White Center for Wound Care and Hyperbaric Medicine until October 2014. He has also been a consultant for American Medical Technologies in Irvine, CA on wound care dressings. Dr. Davey is also a senior member of the Wound Healing Society in Bethesda, Maryland. Currently he is co-chair of the International Consolidated Wound Infection Guideline (ICW IG) task force, which evaluates current evidence-based guidelines, which are then submitted to AHRQ (Agency for Healthcare Research and Quality) for inclusion in the national guidelines which are available to hospitals and healthcare practitioners throughout the country. Hospitals frequently use the AHRQ guidelines in their policies and procedures.

Dr. Davey is currently doing telemedicine wound care during the Covid-19 crisis.

Dr. Davey also works with Professional Health Care in St. Petersburg, Florida (PHC) as a wound care consultant for a busy Primary Care clinic and nursing home practice with several physicians and multiple nurse practitioners. This large practice is run under the supervision of Dr. Fadi Saba. Dr. Davey works in the clinic and multiple nursing homes approximately every three months in direct patient care, and also does remote consulting for the practice. This arrangement was in place throughout 2018 and is expected to continue throughout 2019 and beyond.

Dr. Davey attended the 38th annual John A Boswick Burn and Wound Care Symposium from February 14th through February 18, 2016. This symposium was well attended by burn and wound care physicians from multiple countries. Dr. Davey was able to address the symposium on the ICW IG research, specifically looking for collaboration with other interested wound and burn professionals. He presented at the Wound Healing Society conference in Charlotte, NC in April of 2018. Dr. Davey also presented a paper that he co-authored on infected wounds at the Boswick Burn and Wound care symposium in Maui, HI in February of 2019.

## **Personal**

Place of Birth: London, England

Citizenship: United States

Fla. Medical License Number: ME-034037

DEA Number: AD8602371

Languages Spoken: English, French, German and Japanese

## **Areas of expertise**

- Wound causation, care and treatment.
- Nursing Home and Hospital Standard of Care including preventable falls or bedsores and nursing home / hospital acquired infections.
- Cause of death related to above.

## **Forensic experience**

I have testified extensively for both Plaintiff and Defense since 1998 involving Geriatric issues, falls, bedsores, pressure ulcers, complex medical cases and hospital and nursing home Standards of Care. I also have the expertise to render opinions on cause of death issues, including death from Covid-19 infections in nursing and care homes due to my pathology background.

## **Education**

### **Medical School:**

1968-1972

St. Mary's Hospital, University of London  
(Now: Imperial College, School of Medicine  
University of London)  
London, England. United Kingdom)

### **Internships:**

1972-1973

Northwick Park Hospital and Research  
Center Harrow, Middlesex, England

- 1). Interventional Cardiology
- 2). General Surgery

### **British Government Aid Program:**

1973-1977

Princess Margaret Hospital, Nassau,  
Bahamas

-Internal Medicine with special interest in Marine Medicine and Tuberculosis

**U.S. Residency:**

1977-1980

Mt. Sinai Hospital Miami,  
Florida

-Pathology: Anatomical and Clinical

**Professional Experience**

February 2019- Presented a paper that he co-authored on infected wounds at the Boswick Burn and Wound care symposium in Maui, HI.

1987-October 24th, 2014- Private Practice

2191 9th Ave. North, Ste 115

Saint Petersburg, Florida 33713

-Adult and Geriatric Medicine

-Special Interest in Skin and Wound Care, on staff at the Center for Wound Care and Hyperbaric Medicine at HCA Edward White Hospital. Medical Director of Hyperbaric Medicine at HCA Edward White Hospital.

1981-1987

Columbia Edward White Hospital

2323 9th Avenue North

Saint Petersburg, Florida 33713

-Emergency Medicine: including three years as Emergency Room Director.

**Recent Publications:**

“The development and content validation of a Multidisciplinary, Evidence-Based Wound infection Prevention and Treatment Guideline”.

Lead Authors, Dr. Davey and Sammy Zakhary, MD

Index: Ostomy Wound Management-November 2017; 63 (11): 18-29

**Volunteer Work:**

Dr. Davey spent December 2016 in Cambodia working at two charity hospitals as a volunteer doctor, teaching and doing wound care. This was organized by Health Volunteers Overseas in Washington DC. The two hospitals were the *Sihanouk Hospital of Hope*, and the *Angkor Hospital for Children*. Cambodia is one of the poorest countries in the world and is still trying to recover from its brutal civil war.



While in St. Petersburg, Florida, Dr. Davey spent 20% of his work time volunteering at the *St. Petersburg Free Clinic*. The St. Petersburg Free Clinic is a proud member of the Florida Association of Free and Charitable clinics, which runs over 100 free clinics in the state of Florida, the most of any state.

### **Hospital Affiliations:**

#### **1987 to end of 2014:**

##### **Dept. of Family Practice**

St. Anthony's Hospital  
1200 7th Avenue North  
Saint Petersburg, FL 33705

HCA Edward White Hospital  
2323 9<sup>th</sup> Avenue North  
Saint Petersburg, FL 33713

### **Board Certification:**

Board certified by the American Academy of Wound Management as a Certified Wound Specialist (CWS) in 2003. Recertified as “Certified Wound Specialist Physician” (CWSP) by the American Board of Wound Management in September 2013 valid through 9/24/2023.

### **Most Current Education:**

July 24<sup>th</sup>-26<sup>th</sup> 2020- Dr. Davey attended the Symposium on Advanced Wound Care/ Wound Healing Society conference in July 2020. This year it was a virtual conference due to Covid-19 concerns

April 25<sup>th</sup>-29<sup>th</sup> 2018- Dr. Davey did a poster presentation for the Wound Healing Society annual meeting in Charlotte, NC entitled “Pearls from a Multidisciplinary Wound Infection Guideline”.

July 19, 2017- Dr. Davey addressed the Maui Medical Society, and gave a talk entitled "Wound Care and the Importance of Evidence-Based Guidelines".

February 18-22, 2013- 35th Annual John A. Boswick, MD Burn and Wound  
Care Symposium.  
Wailea, Maui, Hawaii

April 30-May 1, 2013-Symposium on Advanced Wound Care (SAWC) and Wound Healing  
Society (WHS) Annual Meeting.  
-Denver, Colorado

-Orlando, FL  
April 23- April 27, 2014  
-Charlotte, NC  
April 25-April 29, 2018

### **Memberships and Positions Held:**

#### **Editorial Board Membership**

Dr. Davey is currently a member of the Editorial Board of the  
Journal of Wound Management and Prevention, which is a monthly  
peer-reviewed medical journal covering all aspects of wound care,  
skincare as well as nutritional related issues.

Current:  
Member of the American Medical Association/ AMA.

Current:  
Member of the International Relations Committee of the Wound  
Healing Society.

Current:  
Member of the Florida Medical Assn/FMA.

Current:  
Senior member of the Wound Healing Society in Bethesda, Maryland.

Current:  
Member of the AAWC task force on current evidence-based guidelines for pressure ulcers.

Present:  
Member of Association for Advancement of Wound Care (national organization).

Present:  
Member of the Society of University Founders of the University of Miami, Coral Gables, Florida.

Past:

Medical Director for Hyperbaric Medicine, Center for Wound Care and Hyperbaric Medicine  
HCA Edward White Hospital.

I was Director of Wound Care at this facility from approximately 2000-2005.

Past:

Utilization Review and Quality Assurance Committee member at HCA Edward White Hospital.

Past:

Member of the Medical/Surgical Care Evaluation Committee at HCA Edward White Hospital.

Past:

Member of the Infectious Control Committee representing the Center for Wound Care, HCA  
Edward White Hospital.

Past:

Member of the Medical Quality and Education Committee at St. Anthony's Hospital.

1989-1994:

Member of the Board of Trustees, Columbia Edward White Hospital.

Previous:

Board Member of the Florida Medical Directors Association.

Previous:

Medical Director of Sunrise Northshore, Assisted Living Facility and Nursing Home.

Previous:

Utilization Review and Quality Assurance Committee member at St. Anthony's Hospital.

Previous:

Member of Florida Medical Directors Association.

Previous:

Certified Medical Director (AMDA).

**Nursing Home Medical Directorships, Past:**  
**(Dates approximate)**

Coquina Key Nursing & Rehabilitation Center: 2000-2007

Westminster ALF: 2001-2005

Northshore ALF: 1998-2002  
Abbey Nursing Home: 1998-2000  
Huber Nursing Home: 1992-2000  
Green Brook Nursing Home: 1994-1999  
Heartland Nursing Home: 1988-1999  
Shore Acres Nursing Home: 1996-1998  
Alpine Nursing Home: 1995-1998  
Carrington Place Nursing Home: 1995-1997  
St. Pete Health Care Center: 1992- 2008